



Federal Bureau of Investigation

Freedom of Information / Privacy Acts

Release

Subject: WILLIAM F. ROEMER Jr.

The following documents appearing in FBI files have been reviewed under the provisions of The Freedom of Information Act (FOIA) (Title 5, United States Code, Section 552), Privacy Act of 1974 (PA) (Title 5, United States Code, Section 552a), and/or Litigation

☒ FOIA/PA☐ Litigation☐ Executive Order AppliedRequester MARK ALLENSubject WILLIAM ROEMER, JR.Computer or Case Identification Number 947849Title of Case THIS FILE HAS BEEN DETERMINED NOT TO WARRANT REVIEW BY THE* File DOCUMENT CLASSIFICATION UNIT. DATE 8/6/02 JTB

Serials Reviewed _____

Release Location *File _____

Section _____

☐ FOIA/PA☐ Litigation☐ Executive Order Applied

Requester _____

Subject _____

Computer or Case Identification Number _____

Title of Case _____

* File _____

Section _____

Serials Reviewed _____

Release Location *File _____

Section _____

☐ FOIA/PA☐ Litigation☐ Executive Order Applied

Requester _____

Subject _____

Computer or Case Identification Number _____

Title of Case _____

* File _____

Section _____

Serials Reviewed _____

Release Location *File _____

Section _____

*Indicate if FBIHQ or Field Office File Number.

(This Form Is To Be Maintained As The Top Serial Of The File, But Not Serialized.)

APPLICATION FOR EMPLOYMENT

DIRECTOR,
FEDERAL BUREAU OF INVESTIGATION,
UNITED STATES DEPARTMENT OF JUSTICE,
WASHINGTON, D. C.

June 23, 1950

Sir:

I hereby make application for employment in the position indicated by check mark, in the Federal Bureau of Investigation, United States Department of Justice, and for your use in this connection submit the following information:

Special Agent (Law Trained)	<input checked="" type="checkbox"/>	**
Special Agent (Accountant)	<input type="checkbox"/>	**
Stenographer	<input type="checkbox"/>	
Typist	<input type="checkbox"/>	
Translator	<input type="checkbox"/>	
Messenger	<input type="checkbox"/>	**
Laboratory Technician	<input type="checkbox"/>	**
Student Fingerprint Classifier	<input type="checkbox"/>	
Clerk	<input type="checkbox"/>	

(This application should be typewritten if possible) (Indicate by check)

1. Name in full (please print) ROEMER, (Jr) William Francis
(Family name) (Given name) (Middle name)

(a) Female applicants must furnish maiden name

2. Legal Residence 522 E. Napoleon Blvd., South Bend 17, Indiana.

3. Mail and telegraphic address Above Phone No. 4-2363

4. Complete date of birth June 16, 1926 Weight 185 Height 6'1"

5. Place of birth South Bend St. Joseph Indiana
(City) (County) (State)

6. (a) Father's name William F. Roemer, Sr. (b) Father's birthplace Ohio b6

(c) Present Address If foreign born, is he a citizen? -

(e) Date and place of naturalization -

7. (a) Mother's name (b) Mother's birthplace Indiana

(c) Present address (d) If foreign born, is she a citizen? -

(e) Date and place of naturalization -

8. Brother

9. Sisters
(Include married names, birthplaces and present addresses)

10. ~~Have you~~ were you born in United States? 5 how long have you lived here? Born here, 26

11. Are you a citizen of the United States? Yes.

12. ~~When~~ When naturalized, date and place of naturalization -

13. Are you single, married, widowed, separated, or divorced? Married.

14. (a) Maiden name of (b) Wife's birthplace Cincinnati, Ohio

(c) Present address (d) If foreign born, is she a citizen? -

(e) Date and place of naturalization -

15. (a) Husband's complete name OWEN, PREPARED (b) Husband's birthplace Ind

(c) ~~When~~ When naturalized, date and place of naturalization - (d) If foreign born, is he a citizen? -

Specify exact title of position sought as Laboratory Technician, Special Agent (Law Trained), Special Agent (Accountant), Laboratory Technician, and Messenger for male applicants only.

- (e) Date and place of naturalization _____
16. (a) Father-in-law's name _____ (b) Birthplace Cincinnati, Ohio
 (c) Present address _____ (d) If foreign born, is he a citizen? _____
 (e) Date and Place of naturalization _____
17. (a) Mother-in-law's name _____ (b) Birthplace Cincinnati, Ohio
 (c) Present address Same as 16 (c) (d) If foreign born, is she a citizen? _____
 (e) Date and Place of naturalization _____
18. Brothers-in-law None
 (Complete names, birthplaces and present addresses)
19. Sisters-in-law None
 (Complete names, birthplaces and present addresses)
20. If your husband (or wife) is employed, state where employed _____
21. Number of children, if any One _____
22. Are you entirely dependent on your salary? Yes
23. To what extent are you financially indebted to others and to whom? To nobody.
24. Education: (Please print)

	NAME AND LOCATION OF SCHOOL	FROM	TO	Courses Pursued, Diplomas or Degrees Received
(a) Elementary	<u>St. Joseph Parochial</u>	<u>Sept. '30</u>	<u>June '40</u>	
(b) High school equivalent	<u>Name Central Catholic Address 1015 E. Dayton, So Bend John Adams HS 808 So. Tryckenham, So Bend</u>	<u>Sept '40</u>	<u>Jan '43</u>	
(c) College or technical*	<u>Name U of Notre Dame Address Notre Dame, Indiana</u>	<u>Jan '43</u>	<u>Aug '43</u>	<u>Gen'l HS Diploma</u>
Foreign Languages Give degree of proficiency as to speaking, reading, writing		<u>Sept '46</u>	<u>June '50</u>	<u>LL.B.</u>
(d)	<u>None</u>			
(e) Miscellaneous*				

25. Give names of clubs, societies, and other similar organizations of which you are a member:
Notre Dame Law Association; Notre Dame Alumni Association; DAV; VFW (the latter
two just a nominal membership)
26. Have you been admitted to the Bar, if so specify Not as yet.
 (Furnish Date and Place)
27. Describe any physical defects, including extent of defective vision, if any, with and without
 glasses (Snellen) None.
28. Health record for the past 3 years (give number of days and nature of serious illness):
None

* Applicants for Laboratory Technician positions should list in detail scientific courses pursued, using an insert if necessary and give title of any Master's or Doctor's Thesis prepared.

29. Experience: (Please print.)

NAME AND ADDRESS OF EMPLOYER	POSITION AND KIND OF WORK	FROM-	TO-	ANNUAL SALARY
Name Chapin Park Pharmacy Address 600 Portage, SoBend, Ind	Soda Clerk	June '42	Oct '42	\$8 per wk
Name Notre Dame Athletic Ass'n Address Notre Dame, Ind.	Clerical wkr	Aug '43	Jan '44	\$.60 per hr
Name Notre Dame Athletic Ass'n Address Notre Dame, Ind.	Manual laborer	June '44	Dec '44	\$.60 per hr
Name Ed. J. Luther Beverages Address 142 No. Niles, South Bend, Ind	Manual lbr	June '48	Sept '48	\$55 per wk
Name Joseph Abstract Co. Address MS Bldg., South Bend	Abstractor	Sept '48	Dec '48	\$1 per hr.
Name Ed. J. Luther Beverages Address 112 No. Niles, SoBend, Ind	Manual lbr.	Dec '48	July '46	\$1.50 per hr.
Name Studebaker Corp Address South Bend, Ind.	Assembly	July '46	To present	\$2.25 per hr.
Name Fort Scott Camps, Inc. Address Cincinnati, Ohio.	Athletic Counselor	June '47	Sept '47	room and bd. plus \$20 per wk
Name Address				

30. Specify any arrests (include traffic arrests) None31. Specify any arrests of immediate family None32. Have you ever been a defendant in any court action? No Specify -33. Are you now, or have you ever been, a member of the Communist Party, U.S.A., or any Communist organization? No34. Are you now, or have you ever been, a member of a Fascist Organization? No35. Are you now, or have you ever been, a member of any organization, association, movement, group, or combination of persons which advocates the overthrow of our constitutional form of government, or of any organization, association, movement, group or combination of persons which has adopted a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States or of seeking to alter the form of government of the United States by unconstitutional means? No

36. Give five personal references (not relatives, former employers, fellow employees, or school teachers), more than 30 years of age, who are householders or property owners, business or professional men or women, including your family physician, if you have one, of good standing in the community, and who have known you well during the past 5 years. (Please Print)

NAME	RESIDENCE ADDRESS	NUMBER OF YEARS	BUSINESS ADDRESS

37. Give residence addresses and dates of residence for the past ten years.

422 E. Angela Blvd., South Bend, Indiana. 1929 to 1948
522 E. Napoleon Blvd., South Bend, Indiana. 1948 to present

38. List the names of any relative now in the Government service, with the degree of relationship and where employed: None

Names of any friends or acquaintances who are employed in the Federal Bureau of Investigation: [Redacted]

b6

39. Give dates and branch of military service, if any, also type of discharge received and basis for it, also military serial number. ISMC, July 1945 to October, 1946. Honorable discharge. Serial Number: 1019426.

39a. Do you claim veteran's preference? If so, give basis. No

Do you now have any service disability? If so, give percentage. None

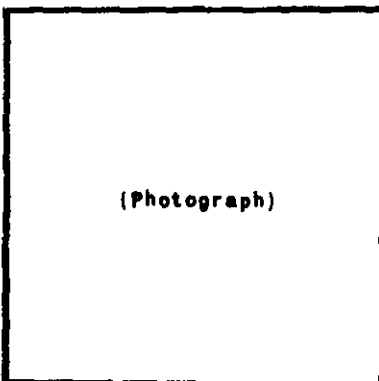
40. What is the lowest entrance salary you will accept? Minimum Special Agent's Salary.

41. Are you in a position to accept probationary employment at any time, without previous notice, and, if notice is required, how much? Yes. Nominal and reasonable amount of notice.

42. In the event of appointment will you be willing to proceed to Washington, D.C., upon 10 days' notice and at your own expense? Yes.

43. If appointed are you willing and prepared to accept assignment or transfer to any part of the United States where services are required, for either temporary or permanent duration? Yes.

44. Attach unmounted full face photograph not larger than 3 by 4 1/2 inches. Write your name plainly on back of photograph. Photograph to be taken not more than 30 days prior to date of application.
 (Application will not be considered complete if such photograph not furnished)



Respectfully,

William P. Roemer, Jr.
 (Signature of applicant as usually written)

NOTE:-If the applicant desires to make any further remarks or statements concerning his qualifications or in answer to any question contained in the application, the same should be made on a separate sheet of paper, numbering the remarks in accordance with the original questions.

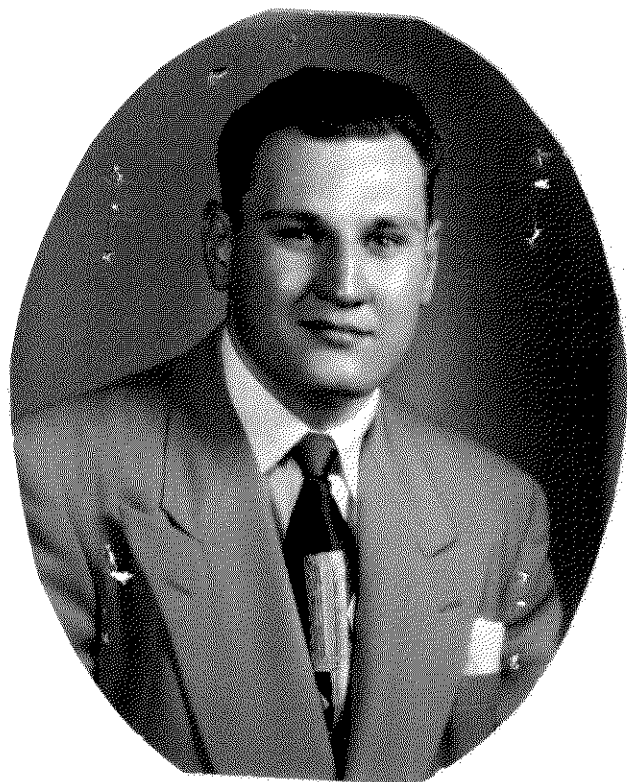
NOTE:-The following Jurat must be subscribed to by all applicants for positions in the Federal Bureau of Investigation, U. S. Department of Justice.

Subscribed and duly sworn to before me by the above-named applicant, this 30th day of June, 1950, at city (or town) of South Bend, county of St. Joseph, and State (or Territory or District) of Indiana.

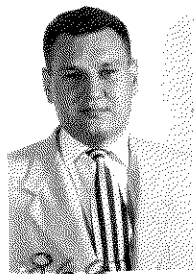
(OFFICIAL IMPRESSION SEAL)

David J. Palka
 Notary Public
 My Comm. Expires Jan. 6-1954

Application will not be considered complete if above jurat not executed.



William P. Roemer, Jr.

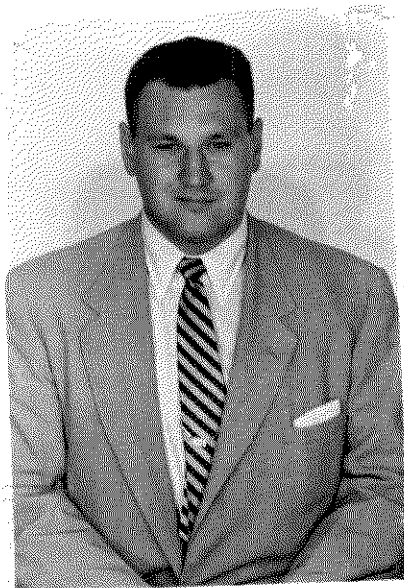


WILLIAM F. ROEMER,
JR.

JUL

1952

442



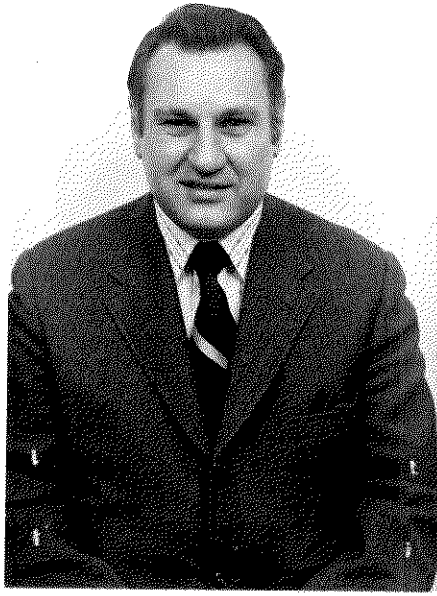
William F. ~~Roemer~~ Roemer

Roemer

JUL 1 1955



WILLIAM F. ROEMER

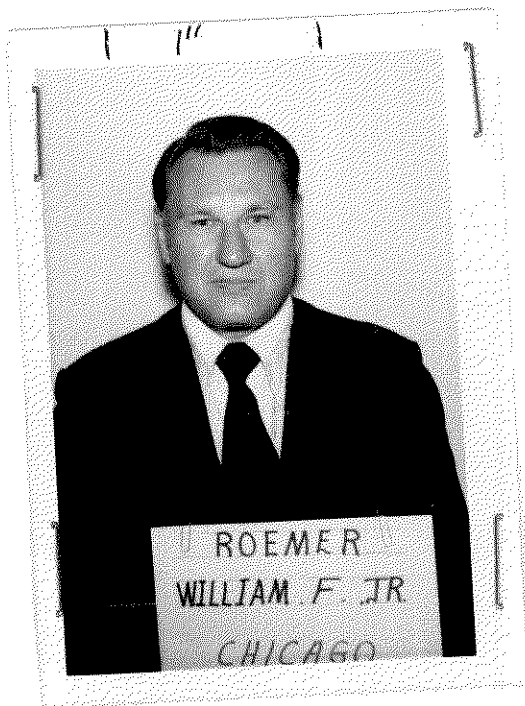


SA WILLIAM F. ROEMER,
JR.
CHICAGO 2/73



WILLIAM F. ROEMER, JR.

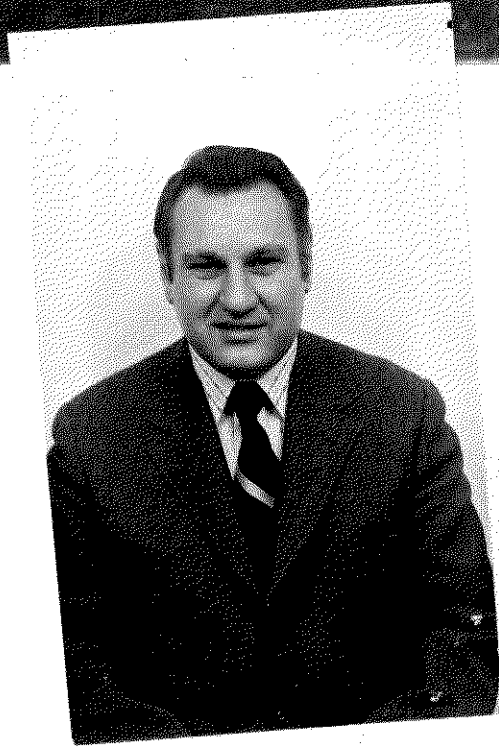
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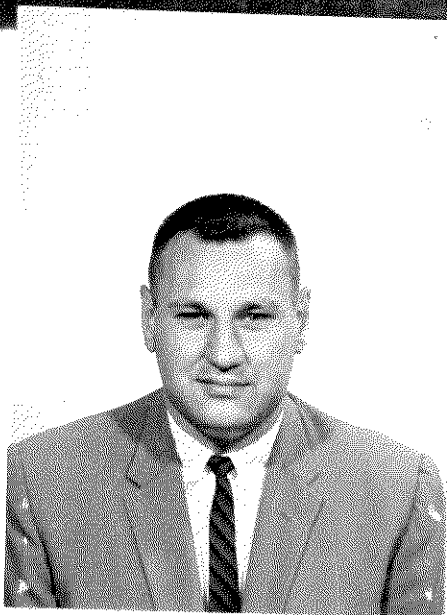
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SA WILLIAM F. ROEMER,
JR.

CHICAGO 2/73



SA William F. Roemer
Cg 6/64 Jr



WILLIAM F. ROEMER, JR.

SEP 29 1961



SA WILLIAM F. ROEMER, JR.

4/67

5-12-70
#85



WILLIAM F. ROEMER, JR. 9/21/78

10/21/78

POLACOLOR 2 J717771 L

(Please type or print)

Name (As it appears on Bureau rolls) WILLIAM FRANCIS ROEMER, JR.		Date 8-4-60
Check one SA <input checked="" type="checkbox"/> SAA <input type="checkbox"/>	Date of Birth 6-16-26	EOD 9-25-50

Education

Name of School	Location	Dates		Degree (Give descriptive title, i.e., BS in Civil Eng.)
		From	To	
College U. of Notre Dame	Notre Dame Ind.	1943	1950	Ll.B. Major _____ Minor _____
Graduate School				Major _____ Minor _____
Miscellaneous or Special Schools (Include Vocational and Radio Schools) None				

List all college courses studied in mathematics, engineering and sciences, including chemistry, physics, biology, radio, communications, etc., regardless whether degree obtained (Use supplemental sheet if necessary.)

Course	Hours	Course	Hours	Course	Hours	Course	Hours
Gen'l Math	3						

BARS
Federal ☒ Year **1956** State **Indiana** Year **1956** CPA (State) _____ Year _____
Other **U.S. Supreme Court per me 11-9-63**

Foreign Language and Dialects

(Evaluate your proficiency in each phase as Excellent, Very Good, Good, Fair, or Unsatisfactory.)

Name of Language	Read	Write	Speak	Understand	Translate
None					

Source of Proficiency

Name of Language	Native Tongue	Bureau School	Academic	No Yrs. Studied	Foreign Assignment	Bur Test Taken	
						Yes	No

If you can handle any foreign language or languages fluently with little or no hesitation, and without use of a dictionary specify same

If you have had any TRAINING or EXPERIENCE in the writing field including newspaper reporting, writing for a periodical, and creative writing of any kind, set forth as follows

Training College Courses	No of Hours	Experience	Period of Experience
None	151		

Previous Employment

Type of work and in what capacity	Proficiency	Period of Experience
Legal Research and Title Searching	Poor	8 months
Factory Worker, Contruction Worker,		
Machine Shop	Fair	7 years

Vocations and Avocations

(Give detailed information regarding any special knowledge, abilities, talents, hobbies, trades, etc., you possess, including athletics.)

Vocation or Avocation	Professional	Amateur	Proficiency	Period of Experience
Boxing		X	Good	10 years
All other athletics		X	Fair	24 years

If you feel your experience in any of your previous employments, vocations or avocations is sufficient so that you could use it as a cover in an undercover assignment, identify same

~~None~~

Foreign Travel

List all foreign countries you have traveled in, in what capacity, and period there

~~China. 9 months. While in U.S. Marine Corps, 1945 and 1946.~~

Military Training

Active duty Branch ~~U.S.M.C.~~ Dates of Service ~~7-45 to 9-46~~ Rank ~~PFC~~
Specialized Military Training ~~Paymaster's Office~~

Are you interested in Foreign Assignment? ☐ Yes ☒ No Location desired _____
Typing ability ~~Poor~~ W P M Have you passed Bureau test? ☐ Yes ☒ No
Shorthand ability ~~None~~ W P M Have you passed Bureau test? ☐ Yes ☐ No
Name of Shorthand system you use _____

Practical Experience in Radio

(State degree of proficiency and length of time spent) ~~None~~
Amateur Radio _____ Licenses Held _____
Commercial Radio Operator _____
Radio, Television or Sound Repairman or Technician _____
Experimenter or other _____
International Morse Code Transmit _____ W.P M Receive _____ W P M
Technical Knowledge of any Electronic Devices _____

Miscellaneous

List any other information, qualifications and accomplishments

FBI PERSONNEL STATUS AND SECURITY QUESTIONNAIRE

(please print or type clearly)

DATE

FEB. 1, 1979

The information solicited in this FBI Personnel Status and Security Questionnaire is necessary in order to enable the FBI to comply with the Federal Personnel Manual, Chapter 736 Subchapter 2-6, pertaining to reinvestigations of incumbents holding critical - sensitive positions (all FBI positions are considered critical - sensitive). These regulations require the submission of an updated Personnel Security Questionnaire at least every five years following the date of employment. The information solicited and the results of any subsequent reinvestigation may be used to determine your continued suitability to hold a critical - sensitive position.

(1) NAME (last, first, middle - as it appears on Bureau Rolls)

ROEMER, WILLIAM FRANCIS, JR.

(2) OTHER NAMES USED (maiden name, names by former marriages, former names changed legally or otherwise, aliases & nicknames)

NONE

(3) DATE OF BIRTH

6-16-26

(5) MARITAL STATUS ☐ SINGLE ☐ WIDOW ☐ WIDOWER
SPOUSE NAME (maiden if female)

RESIDENCE ADDRESS IF IT DIFFERS FROM YOURS

PLACE OF EMPLOYMENT

NONE

(6) CHILDREN

NAMES OF CHILDREN STEP

CHILDREN & THEIR SPOUSES

RELATIONSHIP

AGE (if known)

RESIDENCE (city & state if known)

(7) EDUCATION (all schools attended and correspondence courses taken during past five years)

NAME OF SCHOOL

ADDRESS

FROM (year) TO (year)

DEGREE

(8) EMPLOYMENT (other than the FBI during the past five years)

NAME OF EMPLOYER
(firm or agency)

ADDRESS

FROM (year) TO (year)

TYPE OF
WORKREASON
FOR LEAVING

NONE

(9) HAVE YOU BEEN ARRESTED, TAKEN INTO CUSTODY, HELD FOR INVESTIGATIONS OR QUESTIONING OR CHARGED BY ANY LAW ENFORCEMENT AUTHORITY WITHIN THE PAST FIVE YEARS? (you may omit traffic violations for which you paid a fine of \$30 or less - all other incidents must be listed even though they were dismissed or you merely forfeited collateral)

DATE

CHARGE

PLACE

LAW ENFORCEMENT AUTHORITY

ACTION TAKEN

No

(10) HAVE YOU EVER SUFFERED FROM OR BEEN TREATED FOR ANY FORM OF MENTAL ILLNESS, INSANITY, EPILEPSY OR HAD PSYCHIATRIC CONSULTATION OF ANY KIND? ☐ YES ☒ NO
(if yes, provide name and address of physician, approximate date and summary of specifics)(11) HAVE YOU VISITED OR RESIDED IN ANY FOREIGN COUNTRIES DURING THE PAST FIVE YEARS? ☐ YES ☒ NO

COUNTRIES VISITED

DATES

REASON FOR TRAVEL

(12) DO YOU OR YOUR SPOUSE HAVE RELATIVES (grandparents, parents, children, brothers & sisters) RESIDING IN A FOREIGN COUNTRY? ☐ YES ☒ NO

NAME

RELATIONSHIP

AGE

CITY

COUNTRY

CITIZENSHIP

42

(13) HAVE YOU OR YOUR SPOUSE (check yes or no for each of the following items, if yes, provide pertinent information on a separate page attached to this form)

- A EVER COMMITTED OR ATTEMPTED TO COMMIT OR AIDED OR ABETTED ANOTHER WHO COMMITTED OR ATTEMPTED TO COMMIT AN ACT OF SABOTAGE ESPIONAGE TREASON OR SEDITION ? ☐ YES ☒ NO
- B KNOWINGLY ESTABLISHED AN ASSOCIATION WITH INDIVIDUALS RELIABLY REPORTED AS SUSPECTED OF ESPIONAGE OR SABOTAGE ? ☐ YES ☒ NO
- C KNOWINGLY ESTABLISHED AN ASSOCIATION WITH REPRESENTATIVES OF FOREIGN NATIONS WHOSE INTERESTS MAY BE HOSTILE TO THE INTERESTS OF THE UNITED STATES ? ☐ YES ☒ NO
- D OR ANY OTHER MEMBER OF YOUR IMMEDIATE FAMILY INCLUDING IN LAWS HAD ANY CONTACT WITH FOREIGN DIPLOMATIC ESTABLISHMENTS OR THEIR REPRESENTATIVES IN THE UNITED STATES OR ABROAD WITHIN THE PAST FIVE YEARS ? (includes commercial, counselor news media, trade or travel organizations) ☐ YES ☒ NO
- E PUBLICLY OR PRIVATELY ADVOCATED REVOLUTION BY FORCE OR VIOLENCE TO OVERTHROW THE GOVERNMENT OF THE UNITED STATES BY UNCONSTITUTIONAL MEANS ? ☐ YES ☒ NO
- F EVER BEEN OR ARE YOU NOW A USER OF NARCOTICS OR HALLUCINOGENIC DRUGS EXCEPT AS PRESCRIBED OR ADMINISTERED BY A PHYSICIAN LICENSED TO DISPENSE DRUGS IN THE PRACTICE OF MEDICINE ? ☐ YES ☒ NO
- G EVER BEEN OR ARE YOU NOW A HABITUAL USER OF ALCOHOLIC BEVERAGES ? ☐ YES ☒ NO
- H ANY FINANCIAL INDEBTEDNESS OR OBLIGATIONS WHICH YOU ARE UNABLE TO MEET AT THIS TIME ? ☐ YES ☒ NO

(14) HAVE YOU BEEN A PLAINTIFF OR DEFENDANT IN A COURT ACTION INCLUDING DIVORCE ACTIONS WITHIN THE PAST FIVE YEARS ? ☐ YES ☒ NO (if yes indicate specific action and details)

(15) ARE YOU NOW OR WITHIN THE PAST FIVE YEARS HAVE YOU BEEN A MEMBER OF ANY GROUP SOCIETY OR ORGANIZATION ? ☐ YES ☒ NO (if yes list below, but do not abbreviate)

NAME	CITY & STATE	FORMER	PRESENT	POSITIONS HELD AND EXTENT OF ACTIVITY

(16)

b6

(17) PHYSICIAN NONE
ADDRESS _____
TELEPHONE _____

I AM AWARE THAT MAKING FALSE STATEMENTS ON THIS PERSONNEL STATUS AND SECURITY QUESTIONNAIRE MAY BE BASIS FOR DISMISSAL FROM THE FEDERAL BUREAU OF INVESTIGATION AND CONSTITUTES A VIOLATION OF SECTION 1001 TITLE 18 UNITED STATES CODE I HEREBY CERTIFY THAT ALL STATEMENTS MADE BY ME ON THIS QUESTIONNAIRE ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE

Wm F Roemer
(signature)
Special Agent, FBI
(title)

Memorandum



Exec AD Inv ____
Exec AD Adm ____
Exec AD LES ____
Asst Dir ____
Adm Servs ____
Crim Inv ____
Ident ____
Intell ____
Laboratory ____
Legal Coun ____
Plan & Insp ____
Rec Mgmt ____
Tech Servs ____
Training ____
Public Affs Off ____
Telephone Rm ____
Director's Sec'y ____

To



Date 9-15-80

From

Subject WILLIAM F. ROEMER, JR.
Former Special Agent
Phoenix Office

Retired Effective 2-29-80

PERSONNEL SUMMARY

Entered on Duty	9-25-50
Reported to Field	11-10-50
Last Grade and Salary	GS-13, \$38,186
Last Salary Change	10-7-79, Basic Increase
Age	54, Born 6-16-1926
Place of Birth	South Bend, Indiana
Marital Status	Married - <input type="checkbox"/> Children
Education	Bachelor of Laws Degree
Member of Bar	Indiana State & Federal Bars
	U. S. Supreme Court Bar
Special Qualifications	None
Office of Preference since 6-78	Phoenix
1979 Annual Performance Rating	EXCELLENT
Immediate Relatives in Bureau:	None
Offices of Assignment:	
11-10-50 assigned	Baltimore
8-15-51 reported	New Haven
12-29-52 reported	New York
8-30-54 reported	Chicago
5-24-78 reported	Phoenix
Disciplinary Action:	None
Special Recognition:	
COMMENDATIONS (9)	Last on 6-16-72
INCENTIVE AWARDS (8)	Last on 10-21-69
QUALITY WITHIN-GRADE	5-9-65

KEN

[REDACTED]
RE: WILLIAM F. ROEMER, JR. (FORMER SPECIAL AGENT)
DATED:

IN-SERVICES

General In-Service	4-28 to 5-9-52
Security In-Service	2-21 to 3-3-55
Specialized In-Service (Bombing)	2-9 to 2-20-59
Criminal Intelligence In-Service #2	10-7 to 10-18-63
Criminal Intelligence & Organized	5-20 to 5-31-68
Crime In-Service #2	
Top Echelon Criminal Informant School #1	11-4 to 11-8-74

ASSIGNMENT HISTORY OF
WILLIAM FRANCIS ROEMER, JR. *added 8-2-54 2044*

WILLIAM FRANCIS ROEMER, JR.

ENTERED ON DUTY AT WASHINGTON, D.C.

ON SEPTEMBER 25, 1950

b2

[illegible]

DATE	RATING
2	
Added 11-3-61	1-22-60 704-1st
1-3-62	Added 704 1st
6-1-63	Added 704 1st
4-30-64	Added 704 1st
2-8-65	Added 704 1st
4-5-65	Added FDH: 11t
11-24-65	" 704 1st

GS-10	ENTRANCE SALARY	\$5000
SALARY CHANGES		
DATE	GRADE	SALARY
9-30-51	GS-10	\$5125
7-8-51	GS-10	\$5500
9-30-51	GS-10	\$5625
9-28-52	GS-10	\$5750
4-12-53	GS-11	\$5940
10-10-54	GS-11	\$6110
3-13-55	GS-11	\$6605
4-8-56	GS-11	6870
5-6-56	GS-12	7570
11-3-57	GS-12	\$7785
1-12-58	GS-12	8570
5-3-59	GS-12	8,810
1-10-60	GS-13	10,235
1-26-61	GS-13	11,595
10-14-62	GS-13	12,245
11-25-62	GS-13	11,840
1-24-63	GS-13	12,245
1-5-64	GS-13	12,880
7-5-64	GS-13	13,335
5-9-65	GS-13	13,755
10-10-65	GS-13	14,250
11-21-65	GS-13	14,685
7-3-66	GS-13	15,113

COVER SHEET #2

Name		SALARY CHANGES		
		Date	Grade	Salary
WILLIAM FRANCIS ROEMER, JR.				
EOD Clerk		7/3/66	GS-13	\$15,113
EOD Special Agent		10-8-67	GS-13	\$15,757
9/25/50		11/19/67	GS013	15,561 16,207
		7-14-68	GS-13	17,289
Office	Date	7-13-69	GS-13	18,924
CHICAGO	8/30/58	12/28/69	GS-13	20,114
PHOENIX	5-24-78	11-15-70	GS-13	20,673
PHOENIX & TUCSON, ARIZ.	5/25/78	1-10-71	GS-13	21,905
AS RA		1-9-72	GS-13	23,112
RETIREMENT VOLUNTARY	2-29-80	10-1-72	GS-13	24,299
		1-7-73	GS-13	25,500
		10-14-73	GS-13	26,189
		11-11-73	GS-13	27,632
		10-13-74	GS-13	29,018
		10-12-75	GS-13	30,788
		10-10-76	GS-13	31,598
		11-7-76	GS-13	33,825
		10-9-77	GS-13	35,688
		10-8-78	GS-13	38,186
		10-7-79	GS-13	
		2-29-80	RETIREMENT VOLUNTARY	
PERMANENT BRIEFS AND SECURITY REVIEWS				
Perm Brief	Security Rev	Date	Name of Briefer	
✓	✓	1-3-79	1-1-79	
✓	✓	10-13-69	1-1-79	
✓	✓	3-9-71	1-1-79	
✓	✓	6-8-72	1-1-79	
✓	✓	1-29-73	1-1-79	
✓	✓	12/19/79	1-1-79	

b2
b6

REPORT OF MEDICAL EXAMINATION.

88-112

1 LAST NAME—FIRST NAME—MIDDLE NAME ROEMER, WILLIAM FRANCIS JR.			2 GRADE AND COMPONENT OR POSITION SPECIAL AGENT		3 IDENTIFICATION NO <div style="border: 1px solid black; width: 100px; height: 20px;"></div>
4 HOME ADDRESS (Number, street or RFD, city or town, State and ZIP code)			5 PURPOSE OF EXAMINATION ANNUAL		6 DATE OF EXAMINATION 7/26/74
7 SEX MALE	8 RACE WHITE	9 TOTAL YEARS GOVERNMENT SERVICE MILITARY _____ CIVILIAN _____		10 AGENCY D.A. FBI	11 ORGANIZATION UNIT CHICAGO
12 DATE OF BIRTH 6/16/26		13 PLACE OF BIRTH SOUTH BEND, INDIANA		14 NAME RELATIONSHIP AND ADDRESS OF NEXT OF KIN	
15 EXAMINING FACILITY OR EXAMINER AND ADDRESS U.S. ARMY HEALTH CLINIC, FT. SHERIDAN, ILL. 60037				16 OTHER INFORMATION	
17 RATING OR SPECIALTY				TIME IN THIS CAPACITY (Total) _____ LAST SIX MONTHS _____	

b2

CLINICAL EVALUATION		
NOR MAL	(Check each item in appropriate column, enter NE if not evaluated)	ABNOR MAL
X	18 HEAD FACE NECK AND SCALP	
	19 NOSE	
	20 SINUSES	
	21 MOUTH AND THROAT	
	22 EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)	
	23 DRUMS (Perforation)	
	24 EYES—GENERAL (Visual acuity and refraction under items 59, 60 and 62)	
	25 OPHTHALMOSCOPIC	
	26 PUPILS (Equality and reaction)	
	27 OCULAR MOTILITY (Associated parallel movements, nystagmus)	
	28 LUNGS AND CHEST (Include breasts)	
	29 HEART (Thrust, size, rhythm, sounds)	
	30 VASCULAR SYSTEM (Arteriosclerosis, etc.)	
	31 ABDOMEN AND VISCERA (Include hernia)	
	32 ANUS AND RECTUM (Hemorrhoids, fistulae) (Fistulae, if indicated)	
	33 ENDOCRINE SYSTEM	
	34 G-U SYSTEM	
	35 UPPER EXTREMITIES (Strength, range of motion)	
	36 FEET	
	37 LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
	38 SPINE OTHER MUSCULOSKELETAL	
	39 IDENTIFYING BODY MARKS SCARS TATTOOS	
	40 SKIN LYMPHATICS	
	41 NEUROLOGIC (Equilibrium tests under item 22)	
X	42 PSYCHIATRIC (Specify any personality deviation)	
	43 PELVIC (Females only) (Check how done) <input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL	

NOTES (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

67-447328-151

REC 134

Dugyten's contracture

CL-1

(Continue in item 73)

44 DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively)																	
— Restorable teeth — Nonrestorable teeth																	
X—Missing teeth XXX—Replaced by dentures																	
(6 X 6)—Fixed bridge, brackets to include abutments																	
R	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	X	L
I	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	E
T	X															X	T

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

CL-1

LABORATORY FINDINGS			
45 URINALYSIS A SPECIFIC GRAVITY 1.024		46 USAB PT. Sheridan number 60037	
B ALBUMIN	D MICROSCOPIC Rare WBC	Film# 4440 NORMAL CHEST	
C SUGAR	Rare RBC		
47 SEROLOGY (Specify test used and result) RPR-CT NONREACTIVE	48 EKG 10 H-V Block	49 BLOOD TYPE AND RH FACTOR	
		50. OTHER TESTS HCT 45.0% WBC COUNT 4,500	

28

MEASUREMENTS AND OTHER FINDINGS

51 HEIGHT 73"	52 WEIGHT 209	53 COLOR HAIR BROWN	54 COLOR EYES BLUE	55 BUILD (Check one) V	56 TEMPERATURE 98.6																								
57 BLOOD PRESSURE (Arm at heart level)				58 PULSE (Arm at heart level)																									
A SITTING SYS 120 DIA 78	B RECUMBENT SYS DIA	C STANDING (3 min) SYS DIA	A SITTING 64	B AFTER EXERCISE	C 2 MIN AFTER																								
59 DISTANT VISION			60 REFRACTION																										
RIGHT 20/ 70-1 CORR TO 20/ 20			BY S CX 20/25-3 CORR TO BY																										
LEFT 20/ 70-2 CORR TO 20/ 20-3			BY S CX 20/20-2 CORR TO BY																										
62 HETEROPHORIA (Specify distance)																													
ES°	EX°	R H	L H	PRISM DIV	PRISM CONV CT																								
63 ACCOMMODATION		64 COLOR VISION (Test used and result)		65 DEPTH PERCEPTION (Test used and score)																									
RIGHT	LEFT	PI P PASSED 9/4		UNCORRECTED																									
66 FIELD OF VISION		67 NIGHT VISION (Test used and score)		68 RED LENS TEST																									
		NI BH		69 INTRAOCULAR TENSION 55/22																									
70 HEARING		71 AUDIOMETER																											
RIGHT WV /15 SV /15	<table border="1"> <tr> <td>250 256</td> <td>500 512</td> <td>1000 1024</td> <td>2000 2048</td> <td>3000 2896</td> <td>4000 4096</td> <td>6000 6144</td> <td>8000 8192</td> </tr> <tr> <td>RIGHT</td> <td>10</td> <td>5</td> <td>5</td> <td>20</td> <td>35</td> <td>65</td> <td></td> </tr> <tr> <td>LEFT</td> <td>10</td> <td>5</td> <td>5</td> <td>25</td> <td>35</td> <td>65</td> <td></td> </tr> </table>					250 256	500 512	1000 1024	2000 2048	3000 2896	4000 4096	6000 6144	8000 8192	RIGHT	10	5	5	20	35	65		LEFT	10	5	5	25	35	65	
250 256	500 512	1000 1024	2000 2048	3000 2896	4000 4096	6000 6144	8000 8192																						
RIGHT	10	5	5	20	35	65																							
LEFT	10	5	5	25	35	65																							
72 PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)																													
73 NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY																													

(Use additional sheets if necessary)

74 SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

1° A-V block in EKG

75 RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

77 EXAMINEE (Check)

A ☒ IS QUALIFIED FOR

B ☐ IS NOT QUALIFIED FOR

78 IF NOT QUALIFIED LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

76 A PHYSICAL PROFILE

P	U	L	H	E	S

B PHYSICAL CATEGORY

A	B	C	E

80 TYPED OR PRINTED NAME OF PHYSICIAN

82 TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

SIGNATURE

NUMBER OF ATTACHED SHEETS

**Attachment to Standard Form 88, Report of Medical Examination
For Information and Guidance of Medical Examiner**

Name of Examinee	ROEMER, (JR.)	WILLIAM	FRANCIS
(Type or print)	Last	First	Middle

The following portions of the attached examination report form need not be completed

3	9	62	69
4	11	65	72
8	14	67	76
	17	68	

45, 46, 47 and 49, required for all Special Agent and FBI National Academy applicants but not for any other applicant unless the examining physician deems one, two, three or all four of the examinations necessary. 45, 46 and 47 are required in examination of any current employee.

48. Required for (1) all Special Agent applicants, (2) all FBI National Academy applicants, (3) all examinees over 35 years of age, (4) any other where examination indicates such as desirable.

71. Audiometer examinations should be afforded whenever possible for all Special Agent applicants and Special Agents. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 15 decibel average in either ear in the conversational speech range (500, 1000, 2000 cycles).

For All Examinees, Whether Clerical or Special Agent Applicants, National Academy Applicants, or Employees:

The medical examiner should answer the following question

Examinee ☒ is ☐ is not qualified for strenuous physical exertion.

To be Answered in the Case of All Special Agents, Special Agent Applicants, and National Academy Applicants:

1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

☒ No ☐ Yes If "yes" please specify defects. _____

To be Answered in the Case of All Special Agents, Special Agent Applicants, and other Employees who drive Bureau vehicles:

1. Does examinee have any defects prohibiting safe operation of motor vehicles?

☒ No ☐ Yes If "yes" please specify defects. _____

2. For safe driving of motor vehicles, Civil Service Commission requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle? ☒ Yes ☐ No

If recommendation is based on a factor other than above standard, indicate basis _____

607-447328-151

REC'D-ADMIN. DIV.

DESIRABLE WEIGHT RANGES

MALES				FEMALES			
Height	Small Frame	Medium Frame	Large Frame	Height	Small Frame	Medium Frame	Large Frame
5'0" Aug 26 11 38 AM 1974	117 - 138	123 - 149	131 - 163	5'0"	96 - 114	101 - 124	109 - 138
5'5"	120 - 142	126 - 153	134 - 167	5'1"	99 - 118	104 - 128	112 - 141
5'6"	124 - 146	130 - 157	138 - 173	5'2"	102 - 121	107 - 131	115 - 144
5'7"	128 - 151	134 - 163	143 - 178	5'3"	105 - 124	110 - 135	118 - 149
5'8"	132 - 155	138 - 167	147 - 183	5'4"	108 - 128	113 - 139	121 - 152
5'9"	136 - 161	142 - 172	151 - 187	5'5"	111 - 132	117 - 144	125 - 156
5'10"	140 - 165	146 - 177	155 - 193	5'6"	114 - 135	120 - 149	129 - 161
5'11"	144 - 169	150 - 183	160 - 198	5'7"	118 - 140	124 - 153	133 - 165
6'	148 - 174	154 - 188	164 - 204	5'8"	122 - 144	128 - 157	137 - 169
6'1"	152 - 179	158 - 194	169 - 209	5'9"	126 - 149	132 - 162	141 - 174
6'2"	156 - 184	163 - 199	174 - 215	5'10"	130 - 154	136 - 166	145 - 179
6'3"	160 - 188	168 - 205	178 - 220	5'11"	134 - 158	140 - 171	149 - 185
6'4"	169 - 198	178 - 216	188 - 231	6'0"	138 - 163	144 - 175	153 - 190
6'5"	174 - 204	182 - 222	192 - 238				

4. Examinee's frame is ☐ small ☐ medium ☒ large

5. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight ☒ Satisfactory ☐ Excessive ☐ Deficient

6 Under proper medical supervision, employee should ☐ lose _____ pounds
☐ gain _____ pounds

Remarks _____

NOTED (



Date _____

b6

UNITED STATES GOVERNMENT

Memorandum

TO Director, FBI

DATE 8/13/74

FROM SAC, CHICAGO

Attention: Personnel Section

SUBJECT WILLIAM F. ROEMER, JR.
SPECIAL AGENT
PHYSICAL EXAMINATION MATTER☐ Remylet _____
☐ ReBulet _____

☒ Re physical examination 7/26/74
☐ Dental work was completed on _____
☒ Vision has been corrected to _____ Employee specifically instructed
8/12/74 by _____ that he can operate a Bureau car
(date) (name of person giving instruction)
only when wearing the necessary glasses

☐ Results of ☐ chest X ray ☐ patch test ☐ urinalysis ☐ serology were negative
☐ Enclosed physician's statement indicates he is qualified for strenuous physical exertion and use of firearms
☐ Enclosed are ☐ paid ☐ unpaid medical bills
☐ Attached are Bureau of Employees' Compensation forms _____

☒ Physical examination reports are enclosed.
☐ Employee is scheduled for physical examination on _____
☒ Physical examination report has been reviewed and initialed
☐ Employee returned to active duty _____
☐ Employee's physical condition is _____
☐ UACB he is being removed from limited duty.
☐ UACB he is being placed on limited duty

If employee is a Resident Agent, is there a sufficient amount of nonarduous work available to keep him fully occupied and are sufficient agents available to handle emergency assignments ☐ Yes ☐ No If answer is no, separately and immediately submit your recommendation for the return of this agent to headquarters city

Remarks:

2-1-74

THREE
CLM

28

UNITED STATES GOVERNMENT

Memorandum

TO : Director, FBI

DATE 9/24/74

FROM : *7/11/74*
SAC, CHICAGO

SUBJECT SA WILLIAM F. ROEMER, JR.
AUTHORITY FOR USE OF PERSONALLY OWNED SIDE ARM

Captioned Agent has requested authority for use of
~~XX~~ disposed of
personally owned side arm described below:

	<u>REQUESTED</u>	<u>DISPOSED OF</u>
Make	_____	<u>Smith and Wesson</u>
Model	_____	<u>#38 - 5 shot</u>
Caliber	_____	<u>.38</u>
Length of Barrel	_____	<u>2"</u>
Serial No.	_____	<u>142856</u>
Weapon inspected by	_____ (name) _____	_____ (date) _____

I recommend this request be approved.

If approved, the information set out above will be posted in
Field Duplicate Property Record.

② Bureau
1 - (Field Office Personnel File)
RDH/slv
(3)

**APPROVED
QUANTICO**
9-30-74
342



OCT 2 1974

Field Duplicate Property Record
Buy U.S. Savings Bonds Regularly on the Payroll Savings Plan

FILE
31

SAC, Chicago

11/13/74

Director, FBI

William F. Roemer, Jr.
SPECIAL AGENT

The above-captioned Special Agent attended the following training course(s) during the period 11/4 - 8/74:

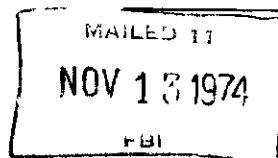
In-Service:

Top Echelon Criminal Informant School #1

Specialized Training:

The firearms scores should be entered on the individual field firearms training record (FD-40). The following grades were attained:

Tactical Revolver Course _____
Close Combat Course _____
Shotgun Course #2 _____
Rifle Course _____



1 - SA **WILLIAM F. ROEMER, JR.**
CHICAGO

MAM:rma
(3)

MAH
79
[Signature]
[Signature]

MAIL ROOM ☒ TELETYPE UNIT ☐

FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

REPORT OF PERFORMANCE RATING

Name of Employee: WILLIAM F. ROEMER, JR.

Where Assigned.	<u>Chicago</u> (Division)	<u>C#10 Squad</u> (Section, Unit)
-----------------	------------------------------	--------------------------------------

Official Position Title and Grade Special Agent, GS-13

Rating Period: from 4/1/74 to 3/31/75

ADJECTIVE RATING: EXCELLENT
Outstanding, Excellent, Satisfactory, Unsatisfactory

Employee's Initials

Rated by.

3/31/75

Date _____

Reviewed by:

Title
**SPECIAL AGENT
IN CHARGE**

3/31/75

Date

Rating Approved by _____

Assistant Director
Title

JUN 16 1970

Date _____

TYPE OF REPORT

☒ Official

☒ Annual☐ Administrative☐ 60-Day☐ 90-Day☐ Transfer

☐ Separation from Service

☐ Special

☒ Official
☒ Annual
447328-153

Re: answer
of NA
6/13/79

84

PERFORMANCE RATING GUIDE FOR INVESTIGATIVE PERSONNEL CHECKLIST AND NARRATIVE COMMENTS

(For use as attachment to Performance Rating Form FD-185)

Name of Employee WILLIAM F. ROEMER, JR.

Note Only those items having pertinent bearing on employee's performance should be rated. Actual performance is to be compared with current, existing job description requirements.

RATE ITEMS AS FOLLOWS (See Manual of Rules and Regulations for detailed instructions)

+ **Outstanding** (To warrant overall +, all rated elements must be +, and justified in writing)

E **Excellent** (Overall E must be supported by E or + on majority of items, including important elements)

✓ **Satisfactory**

- **Unsatisfactory** (If any item so rated, overall adjective rating can be no better than Satisfactory) Any unsatisfactory item or overall Unsatisfactory rating must be supported in writing

0 No opportunity to appraise. In other responses, use "X"

(Use INK for Checklist - DO NOT TYPE)

RESPOND TO EVERY ITEM

- + 1 Personal appearance
- + 2 Personality and effectiveness of his personal contacts
- ✓ 3 Attitude (including dependability, cooperativeness, loyalty, enthusiasm, amenability and willingness to equitably share work load)
- E 4 Physical fitness (including health, energy, stamina) Any physical limitations affecting performance? ☐ Yes ☒ No Has employee used more sick leave (including annual leave or LWOP for illness) during the rating period than the amount of sick leave earned during such period? ☐ Yes ☒ No If answer to either is yes, explain
- ✓ 5 Resourcefulness, ingenuity, and initiative
- E 6 Forcefulness and aggressiveness as required
- E 7 Judgment, including common sense, ability to arrive at proper conclusions, ability to define objectives
- E 8 Planning of work
- E 9 Accuracy and attention to pertinent detail
- E 10 Productivity, including amount of acceptable work produced and rate of progress on or completion of assignments. Also consider adherence to deadlines, unless failure to meet is attributable to causes beyond employee's control
- E 11 Knowledge of duties, instructions, rules and regulations, including readiness of comprehension and "know how" of application
- ✓ 12 Performance results (rate if applicable and mark others 0) ☐ A Internal Security, ☒ B Criminal or General Investigative, ☐ C Fugitive, ☐ D Applicant, ☐ E Accounting, ☐ F Other, such as Supervisor
Comment on type of work handled entire rating period, including performance in other divisions, and appraisal of overall work performance

SA ROEMER has been assigned to the C#10 Squad since January 13, 1975, working principally informant matters in furtherance of the TECIP. During this brief period, he has evidenced a willingness to readily accept whatever responsibilities are assigned to him, and he has handled his assignments in a capable manner. During the first 9½ months of the rating period, SA ROEMER was assigned to the C#1 Squad where he handled a number of hoodlum and related type investigations under the Criminal Intelligence Program. He developed certain intelligence type information which has been of assistance to the organized crime field. Although SA ROEMER's performance during this period did not reach the maximum potential of his capability, his overall performance is considered to be worthy of a rating of excellent.

Complexity of matters handled ☐ None ☒ Moderate ☐ Most complicated

Degree of supervision required ☐ Above average ☒ Average ☐ Minimum ☐ None

A Employee signifies by initialing hereafter that during the course of receiving the performance rating report (limit this provision to annual, 60-day or 90-day reports) employee has read and understands his/her position description

Employee's Initials
WR

- B Is employee available wherever needs of service require for general assignment? ☒ Yes ☐ No Special assignment? ☒ Yes ☐ No
- C Is employee qualified to operate a motor vehicle incidental to his official duties? ☒ Yes ☐ No
If answer is "yes," personnel file must reflect the following (a) Has valid State or local operator's license for type vehicle he is to use (b) Is physically fit to drive (c) Past safe driving record OK or has passed Bureau road test

D Specify general nature of assignment during most of rating period (such as security, criminal, applicant squad, Accountant, or as Resident Agent, supervisor, instructor, etc.)

Criminal

ADJECTIVE RATING EXCELLENT

EMPLOYEE'S INITIALS WR

(Outstanding, Excellent, Satisfactory, Unsatisfactory)

(Checklist and Narrative Comments continued)

- E 13 Firearms Check One ☒ Qualified ☐ Qualified Instructor ☐ Expert
- E 14 Development of informants and sources of information **Comment** on weaknesses or justify limited participation
During rating period developed 0 informants, 9 potential informants
- E 15 Reporting (Consider conciseness, clarity, organization, thoroughness, accuracy, adequacy and pertinency of leads, and administrative detail)
E A Reports, E B Memos, letters, wires
- T 16 Performance as a witness ☐ During rating period, ☒ Based on past performance, ☐ No experience
- O 17 Executive evaluation (approved Supervisors, Relief Supervisors, Alternate Senior and Senior Resident Agents, underline applicable)
 A Leadership F Devising procedures
 B Ability to handle personnel G Promoting high morale
 C Making decisions H Getting results
 D Assignment of work I Furthering equal employment opportunity
 E Training subordinates
- E 18 Raids and dangerous assignments, O A As leader, E B As participant
- E 19 Miscellaneous Specify and rate
T Dictation, E Applicant recruitment, Other
- O 20 Police Instruction ☐ Qualified ☐ Participated ☐ Audited
- 21 **Foreign Language Ability** Proficient in language(s)
Can handle typical investigative problems as follows
A Conversation form (language) ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Unsatisfactory
B Written form (language) ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Unsatisfactory
Frequency language ability used during rating period
Anticipated use during ensuing year
C Completed Bureau Language School ☐ No ☐ Yes Specify language(s)
- 22 **Administrative Advancement** ☒ (Check block if not interested)
A ☐ Yes ☐ No Agent is completely available for administrative advancement
B ☐ Yes ☐ No Agent is considered qualified for administrative advancement, including experience, ability, personality and appearance
C If answer to B is "Yes," Agent's qualifications are considered ☐ Very Good ☐ Excellent ☐ Outstanding
Explain if interested but not now qualified
- 23 Number of Incentive Awards
Commendations received from Director Individual Through Superior
Suggestions submitted
If none, check block ☒
- 24 Disciplinary Action and Justification for any Unsatisfactory Items ☒ None
(List items taken into consideration on Checklist)

EMPLOYEE'S INITIALS

REPORT OF MEDICAL EXAMINATION I

88-112

1 LAST NAME—FIRST NAME—MIDDLE NAME ROEMER, WILLIAM FRANCIS, JR.		2 GRADE AND COMPONENT OR POSITION SPECIAL AGENT	3 IDENTIFICATION NO. <div style="border: 1px solid black; width: 100px; height: 20px;"></div>
4 HOME ADDRESS (Number, street or RFD, city or town, State and ZIP code)		5 PURPOSE OF EXAMINATION ANNUAL	6 DATE OF EXAMINATION 7/17/75
7 SEX Male	8 RACE White	9 TOTAL YEARS GOVERNMENT SERVICE MILITARY <input type="checkbox"/> CIVILIAN <input type="checkbox"/>	10 AGENCY FBI
		11 ORGANIZATION UNIT CHICAGO	
12 DATE OF BIRTH 6/16/26	13 PLACE OF BIRTH SOUTH BEND, INDIANA		14 NAME RELATIONSHIP AND ADDRESS OF NEXT OF KIN
15 EXAMINING FACILITY OR EXAMINER AND ADDRESS U.S. ARMY HEALTH CLINIC, FT. SHERIDAN, ILLINOIS 60037		16 OTHER INFORMATION	
17 RATING OR SPECIALTY		TIME IN THIS CAPACITY (Total) LAST SIX MONTHS	

b2
b6

CLINICAL EVALUATION		
NOR MAL	(Check each item in appropriate column, enter NE if not evaluated)	ABNOR MAL
	18 HEAD FACE NECK AND SCALP	
	19 NOSE	
	20 SINUSES	
	21 MOUTH AND THROAT	
	22 EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)	
	23 DRUMS (Perforation)	
	24 EYES—GENERAL (Visual acuity and refraction under items 58, 60 and 62)	
	25 OPHTHALMOSCOPIC	
	26 PUPILS (Equality and reaction)	
	27 OCULAR MOTILITY (Associated parallel movements, nystagmus)	
	28 LUNGS AND CHEST (Include breasts)	
	29 HEART (Thrust, size, rhythm, sounds)	
	30 VASCULAR SYSTEM (Auscultation, etc.)	
	31 ABDOMEN AND VISCERA (Include hernia)	
	32 ANUS AND RECTUM (Hemorrhoids, fistulae, if routine, if indicated)	
	33 ENDOCRINE SYSTEM	
	34 G-U SYSTEM	
	35 UPPER EXTREMITIES (Strength, range of motion)	
	36 FEET	
	37 LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
	38 SPINE OTHER MUSCULOSKELETAL	
	39 IDENTIFYING BODY MARKS SCARS TATTOOS	
	40 SKIN LYMPHATICS	
	41 NEUROLOGIC (If equilibrium tests under item 72)	
	42 PSYCHIATRIC (Specify any personality deviation)	
	43 PELVIC (Females only) (Check how done)	
	<input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL	

NOTES (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

#44 8/6/75

SA Wm. Roemer states he has had teeth checked and work completed by his private dentist since this examination

67447328-154

Copy to [unclear] [unclear]

pet

(Continue in item 73)

44 DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively) O—Restorable teeth /—Nonrestorable teeth		X—Missing teeth XXX—Replaced by dentures		(b) (N)—Fixed bridge, brackets to include abutments		REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES T/3 Exam Class II
R I G H T	2 3 4 5 6 7 8 32 31 30 29 28 27 26 25	9 10 11 12 13 14 15 16 24 23 22 21 20 19 18 17				

LABORATORY FINDINGS

45 URINALYSIS A SPECIFIC GRAVITY 1.026		46 CHEST X RAY (Place, date, film number and result) USAD Ft. Sheridan, Ill., 60037 Film #4440 NORMAL CHEST	
B ALBUMIN C SUGAR	D MICROSCOPIC NEGATIVE		
47 SEROLOGY (Specify test used and result) RPR-CT NONREACTIVE WNL		48 EKG 17	49 BLOOD TYPE AND RH FACTOR 17
		50 OTHER TESTS HCT-45% WBC Count 4,800	

BROWN MEASUREMENTS AND OTHER FINDINGS

51 HEIGHT 6'1"	52 WEIGHT 209	53 COLOR HAIR BLONDE	54 COLOR EYES BLUE	55 BUILD (Check one) SLENDER	MEDIUM	HEAVY	OBESE	56 TEMPERATURE
57 BLOOD PRESSURE (Arm at heart level)				58 PULSE (Arm at heart level)				
A12 SYSTOLIC 68		B RECUMBENT 70		C STANDING (3 min) 66		D AFTER EXERCISE		E 2 MIN AFTER
59 DISTANT VISION		60 REFRACTION		61 NEAR VISION				
RIGHT 20/50 CORR TO 20/20		BY -1.00 S -0.50 CX 004		20/20 CORR TO		BY		
LEFT 20/50 CORR TO 20/20		BY -1.25 S 5PH CX		20/20 CORR TO		BY		
62 HETEROPHORIA (Specify distance)								
ES°	EX°	R H	L H	PRISM DIV	PRISM CONV CT	PC	PD	
63 ACCOMMODATION		64 COLOR VISION (Test used and result) PIP 6/14			65 DEPTH PERCEPTION (Test used and score)		UNCORRECTED	
RIGHT LEFT							CORRECTED	
66 FIELD OF VISION		67 NIGHT VISION (Test used and score) NIBH			68 RED LENS TEST		69 INTRAOCULAR TENSION 224 OU	
70 HEARING		71 AUDIOMETER						72 PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)
RIGHT WV /15 SV /15		250 266	500 518	1000 1024	2000 2048	3000 2896	4000 4096	6000 6144
LEFT WV /15 SV /15		RIGHT	5	0	0	0	35	45
		LEFT	5	0	0	25	35	45

73 NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

#69 Refer to Great Lakes for further tensions

(Use additional sheets if necessary)

74 SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

75 RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

77 EXAMINEE (Check)

A ☒ IS QUALIFIED FOR
B ☐ IS NOT QUALIFIED FOR

78 IF NOT QUALIFIED LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

76 A PHYSICAL PROFILE

P	U	L	H	E	S

B PHYSICAL CATEGORY

A	B	C	E

SIGNATURE

SIGNATURE

SIGNATURE

80 TYPED OR PRINTED NAME OF PHYSICIAN

82 TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

NUMBER OF ATTACHED SHEETS

**Attachment to Standard Form 88, Report of Medical Examination
For Information and Guidance of Medical Examiner**

Name of Examinee	ROEMER	WILLIAM	FRANCIS, JR.
(Type or print)	<i>Last</i>	<i>First</i>	<i>Middle</i>

The following portions of the attached examination report form need not be completed

3	9	62	69
4	11	65	72
8	14	67	76
	17	68	

45, 46, 47 and 49, required for all Special Agent and FBI National Academy applicants but not for any other applicant unless the examining physician deems one, two, three or all four of the examinations necessary 45, 46 and 47 are required in examination of any current employee

48. Required for (1) all Special Agent applicants, (2) all FBI National Academy applicants, (3) all examinees over 35 years of age, (4) any other where examination indicates such as desirable.

71. Audiometer examinations should be afforded whenever possible for all Special Agent applicants and Special Agents. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 15 decibel average in either ear in the conversational speech range (500, 1000, 2000 cycles).

For All Examinees, Whether Clerical or Special Agent Applicants, National Academy Applicants, or Employees:

The medical examiner should answer the following question

Examinee ☒ is ☐ is not qualified for strenuous physical exertion.

To be Answered in the Case of All Special Agents, Special Agent Applicants, and National Academy Applicants:

1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

☒ No ☐ Yes If "yes" please specify defects. _____

To be Answered in the Case of All Special Agents, Special Agent Applicants, and other Employees who drive Bureau vehicles:

1 Does examinee have any defects prohibiting safe operation of motor vehicles?

☒ No ☐ Yes If "yes" please specify defects. _____

2 For safe driving of motor vehicles, Civil Service Commission requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle? ☒ Yes ☐ No

If recommendation is based on a factor other than above standard, indicate basis _____

67-447328-154

DESIRABLE WEIGHT RANGES

MALES				FEMALES			
Height	Small Frame	Medium Frame	Large Frame	Height	Small Frame	Medium Frame	Large Frame
5'4"	117 - 138	123 - 149	134 - 167	5'1"	96 - 114	101 - 124	109 - 138
5'5"	120 - 142	126 - 153	134 - 167	5'2"	99 - 118	104 - 128	112 - 141
5'6"	124 - 146	130 - 157	138 - 173	5'3"	102 - 121	107 - 131	115 - 144
5'7"	128 - 151	134 - 163	143 - 178	5'4"	105 - 124	110 - 135	118 - 149
5'8"	132 - 155	138 - 167	147 - 183	5'5"	108 - 128	113 - 139	121 - 152
5'9"	136 - 161	142 - 172	151 - 187	5'6"	111 - 132	117 - 144	125 - 156
5'10"	140 - 165	146 - 177	155 - 193	5'7"	114 - 135	120 - 149	129 - 161
5'11"	144 - 169	150 - 183	160 - 198	5'8"	118 - 140	124 - 153	133 - 165
6'	148 - 174	154 - 188	164 - 204	5'9"	122 - 144	128 - 157	137 - 169
6'1"	152 - 179	158 - 194	169 - 209	5'10"	126 - 149	132 - 162	141 - 174
6'2"	156 - 184	163 - 199	174 - 215	5'11"	130 - 154	136 - 166	145 - 179
6'3"	160 - 188	168 - 205	178 - 220	6'0"	134 - 158	140 - 171	149 - 185
6'4"	169 - 198	178 - 216	188 - 231		138 - 163	144 - 175	153 - 190
6'5"	174 - 204	182 - 222	192 - 238				

4. Examinee's frame is ☐ small ☐ medium ☒ large

5. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight ☒ Satisfactory ☐ Excessive ☐ Deficient

6. Under proper medical supervision, employee should ☐ lose _____ pounds
☐ gain _____ pounds

Remarks _____



17 July 75
Date

UNITED STATES GOVERNMENT

Memorandum

TO Director, FBI

DATE 8/6/75

FROM SAC, CHICAGO

Attention: Personnel Section

SUBJECT WILLIAM F. ROEMER, Jr.
SPECIAL AGENT
PHYSICAL EXAMINATION MATTER☐ Remylet _____
☐ ReBulet _____

b6

☒ Re physical examination 7/17/75
☐ Dental work was completed on _____
☒ Vision has been corrected to _____ Employee specifically instructed
8/6/75 by _____ that he can operate a Bureau car
(date) (name of person giving instruction)

only when wearing the necessary glasses

☐ Results of ☐ chest X ray ☐ patch test ☐ urinalysis ☐ serology were negative
☐ Enclosed physician's statement indicates he is qualified for strenuous physical exertion and use of firearms
☐ Enclosed are ☐ paid ☐ unpaid medical bills
☐ Attached are Bureau of Employees' Compensation forms _____

☒ Physical examination reports are enclosed
☐ Employee is scheduled for physical examination on _____
☒ Physical examination report has been reviewed and initialed.
☐ Employee returned to active duty _____
☐ Employee's physical condition is _____
☐ UACB he is being removed from limited duty.
☐ UACB he is being placed on limited duty

If employee is a Resident Agent, is there a sufficient amount of nonarduous work available to keep him fully occupied and are sufficient agents available to handle emergency assignments ☐ Yes ☐ No If answer is no, separately and immediately submit your recommendation for the return of this agent to headquarters city

Remarks

VB/jer
(2)THREE
pit

17

ROEMER, WILLIAM J.

NAME ROEMER, Wm F RANK _____
UNIT FBI _____

176

b2

A- 941

JS ☐ AME
NT ☐
☐ DOM

REQUESTING PHYSICIAN'S SIGNATURE _____

REPORTED BY	
-------------	--

MD

DATE

LAB ID NO

Appearance - Citrus

PLDG 67, 11, 1967
FORT SHERIDAN, ILLINOIS 60037

TESTED		SPECIMEN		METHOD	
DATE	TIME	A.M.	P.M.	AUTOMATED	MANUAL
RESULTS	(X)	REQUESTED			
		GLUCOSE			
		UREA N			
		CREATININE			
		URIC ACID			
		SODIUM			
		POTASSIUM			
		CHLORIDE			
		CO ₂			
		PHOSPHATE			
		CALCIUM			
		TOTAL PROTEIN			
		ALBUMIN			
		GLOBULIN			
		PHOSPHATASE			
		ALKALINE			
		PHOSPHATASE ACID			
		SGOT			
		LDH			
		CPK			
		BILIRUBIN TOTAL			
		BILIRUBIN (DIRECT)			
		ESR			
190		CHOLESTEROL			
100		TRIGLYCERIDES			
		AMYLASE			
		LIPASE			
		PROFILE (panels)			

CHEMISTRY :

STANDARD FORM 546 JULY 1973 - GSA FPMR 101.118

September 25, 1975

PERSONAL

Mr. William F. Roemer, Jr.
Federal Bureau of Investigation
Chicago, Illinois

Dear Mr. Roemer:

As a remembrance of your anniversary with the Federal Bureau of Investigation, it gives me great pleasure to present to you the Bureau's Twenty-five-Year Service Award Key.

I wish to take this opportunity to congratulate you for your years of service with the FBI. You have served the Bureau during a period that has been vitally important in its development and you have been called upon to assist in solving problems which affected the safety and security of the Nation. You and other loyal associates successfully met these challenges and the position of esteem which the Bureau now occupies is the direct result of these concerted efforts. I hope that this Key will be a constant inspiration to you to continue in the path you have chosen.

With best wishes and kindest regards,

Sincerely,

M Kelley

8 SEP 19 1975

Clarence M. Kelley
Director

Enclosure

1 - SAC, Chicago (Personal Attention)
FU bs (4) 67-447328

MAIL ROOM ☒ TELETYPE UNIT ☐

GPO 554 546

FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

REPORT OF PERFORMANCE RATING

Name of Employee: WILLIAM F. ROEMER

Where Assigned: CHICAGO CRIMINAL SQUAD NO. 10
(Division) (Section, Unit)

Official Position Title and Grade SPECIAL AGENT GS-13

Rating Period. from APRIL 1, 1975 to MARCH 31, 1976

ADJECTIVE RATING: EXCELLENT
Outstanding, Excellent, Satisfactory, Unsatisfactory

Employee's
Initials

WR

Rated by.

3/31/76

Date

Reviewed by.

Richard G. Held SPECIAL AGENT
Signature Title

3/31/76

Date

RICHARD G. HELD

Rating Approved by

W. Walsh
Signature

Title

Assistant Director

JUN 1 1976

Date

TYPE OF REPORT

☒ Official
☒ Annual

☐ Administrative
☐ 60-Day
☐ 90-Day
☐ Transfer
☐ Separation from Service
☐ Special

67-447328-156

2 98

WR

33

b2
b6

3-585 to
SACS-1076
WR

PERFORMANCE RATING GUIDE FOR INVESTIGATIVE PERSONNEL **CHECKLIST AND NARRATIVE COMMENTS**

(For use as attachment to Performance Rating Form FD-185)

Name of Employee WILLIAM F. ROEMER

Note Only those items having pertinent bearing on employee's performance should be rated. Actual performance is to be compared with current, existing job description requirements.

RATE ITEMS AS FOLLOWS (See Manual of Rules and Regulations for detailed instructions)

+ **Outstanding** (To warrant overall +, all rated elements must be +, and justified in writing)

E **Excellent** (Overall E must be supported by E or + on majority of items, including important elements)

✓ **Satisfactory**

- **Unsatisfactory** (If any item so rated, overall adjective rating can be no better than Satisfactory) Any unsatisfactory item or overall Unsatisfactory rating must be supported in writing

0 No opportunity to appraise In other responses, use "X"

(Use INK for Checklist - DO NOT TYPE)

RESPOND TO EVERY ITEM

- + 1 Personal appearance
- + 2 Personality and effectiveness of personal contacts.
- + 3 Attitude (including dependability, cooperativeness, loyalty, enthusiasm, amenability, and willingness to equitably share work load)
- + 4 Physical fitness (including health, energy, stamina) Any physical limitations affecting performance? ☐ Yes ☒ No Has employee used more sick leave (including annual leave or LWOP for illness) during the rating period than the amount of sick leave earned during such period? ☐ Yes ☒ No If answer to either is yes, explain.

- E 5 Resourcefulness, ingenuity, and initiative
- + 6 Forcefulness and aggressiveness as required
- + 7 Judgment, including common sense, ability to arrive at proper conclusions, ability to define objectives
- + 8 Planning of work
- + 9 Accuracy and attention to pertinent detail
- + 10 Productivity, including amount of acceptable work produced and rate of progress on or completion of assignments Also consider adherence to deadlines, unless failure to meet is attributable to causes beyond employee's control
- + 11 Knowledge of duties, instructions, rules and regulations, including readiness of comprehension and "know how" of application.
- + 12 Performance results (rate if applicable and mark others 0) 0 A Internal Security, + B Criminal or General Investigative, - C Fugitive, - D Applicant, - E Accounting, - F Other, such as Supervisor

Comment on type of work handled entire rating period, including performance in other divisions, and appraisal of overall work performance

During this rating period SA ROEMER has been assigned to organized crime matters working exclusively in the development of the TECIP. His performance in this regard has been exceptional and has contributed largely to a quality program relating to organized crime investigations. His outstanding attitude is readily apparent through his ever present enthusiasm and willingness to accept more than his share of the work load. He voluntarily assists the less experienced Agents in the development and handling of confidential informants, thus enhancing the overall knowledge of the squad at it relates to informant matters. Additionally, he serves as the Narcotics Coordinator for the Chicago Division and maintains continual liaison with the telephone company. All assignments given him are handled in a highly professional manner and attests to his competence and skill. His overall performance has been excellent.

Complexity of matters handled ☐ None ☐ Moderate ☒ Most complicated

Degree of supervision required ☐ Above average ☐ Average ☒ Minimum ☐ None

A Employee signifies by initialing hereafter that during the course of receiving the performance rating report (limit this provision to annual, 60-day or 90-day reports) employee has read and understands position description

B Is employee available wherever needs of service require for general assignment? ☒ Yes ☐ No Special assignment? ☒ Yes ☐ No

C Is employee qualified to operate a motor vehicle incidental to official duties? ☒ Yes ☐ No If answer is "yes," personnel file must reflect the following (a) Has valid State or local operator's license for type vehicle to be used (b) Is physically fit to drive (c) Past safe driving record OK or has passed Bureau road test

D Specify general nature of assignment during most of rating period (such as security, criminal, applicant squad, Accountant, or as Resident Agent, supervisor, instructor, etc)

Criminal

ADJECTIVE RATING

Excellent

EMPLOYEE'S INITIALS

(Outstanding, Excellent, Satisfactory, Unsatisfactory)

Employee's Initials

(Checklist and Narrative Comments continued)

- 13 Firearms Check One ☒ Qualified _____ Qualified Instructor _____ Expert
☒ 14 Development of informants and sources of information **Comment** on weaknesses or justify limited participation

During rating period developed 3 informants, 13 potential informants.

SA ROEMER's contribution in this program has been superb. Such applies not only to his personal contribution but to the assistance he offers to his fellow Agents. He currently directs the activities of one CI, 4 CTEs and 16 PCs.

- ☒ 15 Reporting (Consider conciseness, clarity, organization, thoroughness, accuracy, adequacy and pertinency of leads, and administrative detail)

☒ A Reports, ☒ B Memos, letters, wires

- ☒ 16 Performance as a witness ☐ During rating period, ☒ Based on past performance, ☐ No experience

- ☒ 17 Executive evaluation (approved Supervisors, Relief Supervisors, Alternate Senior and Senior Resident Agents, underline applicable)

☒ A Leadership

☒ B Ability to handle personnel

☒ C Making decisions

☒ D Assignment of work

☒ E Training subordinates

☒ F Devising procedures

☒ G Promoting high morale

☒ H Getting results

☒ I Furthering equal employment opportunity

- ☒ 18 Raids and dangerous assignments, ☒ A. As leader, ☒ B As participant

- ☒ 19 Miscellaneous Specify and rate

☒ Dictation, ☒ Applicant recruitment, _____ Other _____

- ☒ 20 Police Instruction ☐ Qualified ☐ Participated ☐ Audited

- 21 Foreign Language Ability Proficient in N/A language(s)
Can handle typical investigative problems as follows

A Conversation form _____ (language) ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Unsatisfactory

B Written form _____ (language) ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Unsatisfactory

Frequency _____ language ability used during rating period _____

Anticipated use during ensuing year _____

- C Completed Bureau Language School ☐ No ☐ Yes _____ Specify language(s) _____

- 22 Administrative Advancement ☒ (Check block if not interested)

A ☐ Yes ☐ No Agent is completely available for administrative advancement.

B ☐ Yes ☐ No Agent is considered qualified for administrative advancement, including experience, ability, personality and appearance

C If answer to B is "Yes," Agent's qualifications are considered ☐ Very Good ☐ Excellent ☐ Outstanding

Explain if interested but not now qualified

- 23 Number of Incentive Awards 0
Commendations received from Director _____ Individual 0 Through Superior 0
Suggestions submitted 0

If none, check block ☐

- 24 Disciplinary Action and Justification for any Unsatisfactory Items ☒ None
(List items taken into consideration on Checklist)

EMPLOYEE'S INITIALS VR

REPORT OF MEDICAL EXAMINATION

88-112

b2

1. LAST NAME—FIRST NAME—MIDDLE NAME Roemer, William Francis, Jr.			2. GRADE AND COMPONENT OR POSITION Special Agent		3. [Redacted]	
4. HOME ADDRESS (Number, street or RFD, city or town, State and ZIP code)			5. PURPOSE OF EXAMINATION Annual		6. DATE OF EXAMINATION 7/9/76	
7. SEX Male	8. RACE White	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY CIVILIAN		10. AGENCY FBI	11. ORGANIZATION UNIT Chicago, Illinois	
12. DATE OF BIRTH 6/16/26		13. PLACE OF BIRTH South Bend, Indiana		14. NAME RELATIONSHIP AND ADDRESS OF NEXT OF KIN		
15. EXAMINING FACILITY OR EXAMINER AND ADDRESS U.S. Army Health Clinic, Ft. Sheridan, Illinois 60037				16. OTHER INFORMATION		
17. RATING OR SPECIALTY				TIME IN THIS CAPACITY (Total)		LAST SIX MONTHS

CLINICAL EVALUATION		
NOR MAL	(Check each item in appropriate column, enter "NE" if not evaluated)	ABNOR MAL
✓	18 HEAD FACE NECK AND SCALP	
✓	19 NOSE	
✓	20 SINUSES	
✓	21 MOUTH AND THROAT	
✓	22 EARS—GENERAL (Int & ext canals) (Auditory acuity under items 70 and 71)	
✓	23 DRUMS (Perforation)	
✓	24 EYES—GENERAL (Visual acuity and refraction under items 70, 80 and 81)	
✓	25 OPHTHALMOSCOPIC	
✓	26 PUPILS (Equality and reaction)	
✓	27 OCULAR MOTILITY (Associated parallel movements nystagmus)	
✓	28 LUNGS AND CHEST (Include breasts)	
✓	29 HEART (Thrust size, rhythm, sounds)	
✓	30 VASCULAR SYSTEM (Varicosities, etc.)	
✓	31 ABDOMEN AND VISCERA (Include hernia)	
✓	32 ANUS AND RECTUM (Hemorrhoids fistula) (Prostate if indicated)	
✓	33 ENDOCRINE SYSTEM	
✓	34 G-U SYSTEM	
✓	35 UPPER EXTREMITIES (Strength range of motion)	
✓	36 FEET	
✓	37 LOWER EXTREMITIES (Except feet) (Strength range of motion)	
✓	38 SPINE OTHER MUSCULOSKELETAL	
✓	39 IDENTIFYING BODY MARKS SCARS TATTOOS	
✓	40 SKIN LYMPHATICS	
✓	41 NEUROLOGIC (Equilibrium tests under item 72)	
✓	42 PSYCHIATRIC (Specify any personality deviation)	
✓	43 PELVIC (Females only) (Check how done)	
	<input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL	

NOTES (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

21 tonsils invaginated

32 rectal exam normal

67-447328-157
36

(Continue in item 73)

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively)																REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES	
O—Restorable teeth /—Nonrestorable teeth X—Missing teeth XXX—Replaced by dentures (6 X N)—Fixed bridge, brackets to include abutments																	
R	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	L
I	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	E
T	X															X	T

LABORATORY FINDINGS

45. URINALYSIS A. SPECIFIC GRAVITY 1.027		46. CHEST X-RAY (Place date, film number and result) USAH Ft. Sheridan, Ill., 60037 Film # 4440 NORMAL CHEST	
B. ALBUMIN	D. MICROSCOPIC OCC WBC		
C. SUGAR			
47. SEROLOGY (Specify test used and result) RPR-CT NONREACTIVE		48. EKG SINUS BRADYCARDIA 10 A-V BLOCK	
		49. BLOOD TYPE AND RH FACTOR BLOOD	
		50. OTHER TESTS HEMOGLOBIN 15.0 GMS HEMATOCRIT 45 MG% WBC Count 5000	

5 AUG 25 1976 135

MEASUREMENTS AND OTHER FINDINGS

51 HEIGHT 6'11"	52 WEIGHT 249	53 COLOR HAIR BRN	54 COLOR EYES BLUE	55 BUILD (Check one)	56 TEMPERATURE																											
57 BLOOD PRESSURE (Arm at heart level)				58 PULSE (Arm at heart level)																												
A SITTING SYS 110 DIAS 80	B RECUMBENT SYS DIAS	C STANDING (3 min) SYS DIAS	A SITTING 53	B AFTER EXERCISE	C 2 MIN AFTER																											
59 DISTANT VISION			60 REFRACTION																													
RIGHT 20/30	CORR TO 20/20	BY -1.50 S +0.50 CX 090	61. NEAR VISION																													
LEFT 20/30	CORR TO 20/20	BY -1.25 S 5.00 CX	CORR TO 20/25 BY																													
62 HETEROPHORIA (Specify distance)			63 DEPTH PERCEPTION (Test used and score)																													
ES°	EX°	R H	L H	PRISM DIV	PRISM CONV CT																											
64 COLOR VISION (Test used and result)			65 DEPTH PERCEPTION (Test used and score)																													
RIGHT LEFT			UNCORRECTED																													
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70 HEARING			72 PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)																													
RIGHT WV /15 SV /15	71 AUDIOMETER																															
LEFT WV /15 SV /15	<table border="1"> <tr> <td></td> <td>250 256</td> <td>500 512</td> <td>1000 1024</td> <td>2000 2048</td> <td>3000 3096</td> <td>4000 4096</td> <td>6000 6144</td> <td>8000 8192</td> </tr> <tr> <td>RIGHT</td> <td>35</td> <td>25</td> <td>5</td> <td>17</td> <td>45</td> <td>27</td> <td></td> <td></td> </tr> <tr> <td>LEFT</td> <td>35</td> <td>15</td> <td>5</td> <td>30</td> <td>50</td> <td>70</td> <td></td> <td></td> </tr> </table>						250 256	500 512	1000 1024	2000 2048	3000 3096	4000 4096	6000 6144	8000 8192	RIGHT	35	25	5	17	45	27			LEFT	35	15	5	30	50	70		
	250 256	500 512	1000 1024	2000 2048	3000 3096	4000 4096	6000 6144	8000 8192																								
RIGHT	35	25	5	17	45	27																										
LEFT	35	15	5	30	50	70																										

73 NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

(Use additional sheets if necessary)

74 SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

75 RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

77 EXAMINEE (Check)

A ☒ IS QUALIFIED FOR
B ☐ IS NOT QUALIFIED FOR

78 IF NOT QUALIFIED LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

76 A PHYSICAL PROFILE

P	U	L	H	E	S

B PHYSICAL CATEGORY

A	B	C	E

80 TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

81 TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)

82 TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

TACHED SHEETS

NAME Wm. ROEMER RANK

UNIT FBI

PHONE No.

CHE D- 988

URGE ☐ ROUTINE ☐ OUTPATIENT ☐ DOM

TODAY ☐ NP ☐

☐ PRE OP ☐ SPECIMEN INTERVAL

STAT ☐ BLOOD ☐ OTHER (Specify)

Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO—DATE

REQUESTING PHYSICIAN'S SIGNATURE REPORTED BY MD DATE 13 July 76 LAB ID NO

REMARKS PHYSICAL EXAM SECTION
US ARMY HEALTH CLINIC
FORT SHERIDAN, IL 60087

TEST(S)	SPECIMEN TAKEN	METHOD (X)		REQUESTED	RESULTS	DATE
		AUTOMATED	MANUAL			
				GLUCOSE		
				UREA N		
				CREATININE		
				URIC ACID		
				SODIUM		
				POTASSIUM		
				CHLORIDE		
				CO ₂		
				PHOSPHATE		
				CALCIUM		
				TOTAL PROTEIN		
				ALBUMIN		
				GLOBULIN		
				PHOSPHATASE		
				ALKALINE		
				PHOSPHATASE		
				TASE ACID		
				SGOT		
				LDH		
				CPK		
				BILIRUBIN (TOTAL)		
				BILIRUBIN (DIRECT)		
				BSP		
				CHOLESTEROL		
				TRIGLYCERIDES		
				AMYLASE		
				LIPASE		
				PROFILE (Specify)		

CHEMISTRY I
STANDARD FORM 546 (JULY 1971) — GSA FPMR 110-113

NAME Wm. F. ROEMER RANK

UNIT FBI

PHONE No.

CHE D- 988

URGE ☐ ROUTINE ☐ BED ☐ OUTPATIENT ☐ AMB

TODAY ☐ NP ☐

☐ PRE OP ☐ SPECIMEN INTERVAL

STAT ☐ BLOOD ☐ OTHER (Specify)

Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO—DATE

REQUESTING PHYSICIAN'S SIGNATURE REPORTED BY MD DATE LAB ID NO

REMARKS PHYSICAL EXAM SECTION
US ARMY HEALTH CLINIC
FORT SHERIDAN, IL 60087
SERUM APPEARANCE: CLEAR

TEST(S)	SPECIMEN TAKEN	METHOD (X)		REQUESTED	RESULTS	DATE
		AUTOMATED	MANUAL			
				GLUCOSE		
				UREA N		
				CREATININE		
				URIC ACID		
				SODIUM		
				POTASSIUM		
				CHLORIDE		
				CO ₂		
				PHOSPHATE		
				CALCIUM		
				TOTAL PROTEIN		
				ALBUMIN		
				GLOBULIN		
				PHOSPHATASE		
				ALKALINE		
				PHOSPHATASE		
				TASE ACID		
				SGOT		
				LDH		
				CPK		
				BILIRUBIN (TOTAL)		
				BILIRUBIN (DIRECT)		
				BSP		
				CHOLESTEROL		
				TRIGLYCERIDES		
				AMYLASE		
				LIPASE		
				PROFILE (Specify)		

CHEMISTRY I
STANDARD FORM 546 (JULY 1971) — GSA FPMR 110-113

67-447328-157

**Attachment to Standard Form 88, Report of Medical Examination
For Information and Guidance of Medical Examiner**

Name of Examinee Roemer William Francis Jr.
(Type or print) Last First Middle

The following portions of the attached examination report form need not be completed

3	9	17	67	76
4	11	62	68	
8	14	65	72	

45, 46, 47 and 49, required for all Special Agent and FBI National Academy applicants but not for any other applicant unless the examining physician deems one, two, three or all four of the examinations necessary. 45, 46 and 47 are required in examination of any current employee

48. Required for (1) all Special Agent applicants, (2) all FBI National Academy applicants, (3) all examinees over 35 years of age, (4) any other where examination indicates such as desirable.

69. Required for all examinees over 40 years of age.

71. Audiometer examinations must be afforded for all Special Agent applicants and Special Agents and decibel readings must be recorded at 500, 1000, 2000, 3000 and 4000 Hertz. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 25 decibel average (ANSI) in either ear in the frequency range 1000, 2000, and 3000 Hertz. No single reading in that range may exceed 35 decibels and no applicant will be accepted if found to have a hearing loss exceeding 35 decibels at 500 or 45 decibels at 4000 Hertz.

For All Examinees, Whether Clerical or Special Agent Applicants, National Academy Applicants, or Employees:

The medical examiner should answer the following question

Examinee ☒ is ☐ is not qualified for strenuous physical exertion.

To be Answered in the Case of All Special Agents, Special Agent Applicants, and National Academy Applicants:

- 1 Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

☒ No ☐ Yes If "yes" please specify defects. _____

To be Answered in the Case of All Special Agents, Special Agent Applicants, and other Employees who drive Bureau vehicles:

- 1 Does examinee have any defects prohibiting safe operation of motor vehicles?

☒ No ☐ Yes If "yes" please specify defects. _____

- 2 For safe driving of motor vehicles, Civil Service Commission requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle? ☒ Yes ☐ No

If recommendation is based on a factor other than above standard, indicate basis _____

67-447328-157

DESIRABLE WEIGHT RANGES

MALES				FEMALES			
Height	Small Frame	Medium Frame	Large Frame	Height	Small Frame	Medium Frame	Large Frame
5'4"	117 - 138	123 - 149	131 - 163	5'0"	96 - 114	101 - 124	109 - 138
5'5"	120 - 142	126 - 153	134 - 167	5'1"	99 - 118	104 - 128	112 - 141
5'6"	124 - 146	130 - 157	138 - 173	5'2"	102 - 121	107 - 131	115 - 144
5'7"	128 - 151	134 - 163	143 - 178	5'3"	105 - 124	110 - 135	118 - 149
5'8"	132 - 155	138 - 167	147 - 183	5'4"	108 - 128	113 - 139	121 - 152
5'9"	136 - 161	142 - 172	151 - 187	5'5"	111 - 132	117 - 144	125 - 156
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6'3"	160 - 188	168 - 205	178 - 220	5'11"	134 - 158	140 - 171	149 - 185
6'4"	169 - 198	178 - 216	188 - 231	6'0"	138 - 163	144 - 175	153 - 190
6'5"	174 - 204	182 - 222	192 - 238				

4. Examinee's frame is ☐ small ☐ medium ☒ large

5. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight ☒ Satisfactory ☐ Excessive ☐ Deficient

6. Under proper medical supervision, employee should ☐ lose _____ pounds
☐ gain _____ pounds

Remarks _____



b6

7/9/76
Date

UNITED STATES GOVERNMENT

Memorandum

TO : Director, FBI

DATE 8/17/76

FROM : ACTING
SAC, CHICAGO

Attention: Personnel Section

SUBJECT: WILLIAM F. ROEMER, JR.
SPECIAL AGENT
PHYSICAL EXAMINATION MATTER☐ Re mylet _____
☐ Re Bulet _____☒ Re physical examination 7/9/76 _____☐ Dental work was completed on _____☐ Vision has been corrected to _____ Employee specifically instructed
8/17/76 by _____ that he can operate a Bureau car
(date) (name of person giving instruction)

only when wearing the necessary glasses

☐ Results of ☐ chest X ray ☐ patch test ☐ urinalysis ☐ serology were negative☐ Enclosed physician's statement indicates employee is ☐ Qualified for strenuous physical exertion and use of
firearms, ☐ Qualified for firearms, exclusive of defensive tactics SAC concurs, ☐ Yes ☐ No If answered
no, explain under remarks☐ Future participation in firearms is remote and weapon will be returned to the Bureau☐ Enclosed are ☐ paid ☐ unpaid medical bills☐ Attached are Bureau of Employees' Compensation forms _____☒ Physical examination reports are enclosed☐ Employee is scheduled for physical examination on _____☒ Physical examination report has been reviewed and initialed☐ Employee returned to active duty _____☐ Employee's physical condition is _____☐ UACB he is being removed from limited duty☐ UACB he is being placed on limited duty

If employee is a Resident Agent, is there a sufficient amount of nonarduous work available to keep him fully occupied and
are sufficient agents available to handle emergency assignments ☐ Yes ☐ No If answer is no, separately and
immediately submit your recommendation for the return of this agent to headquarters city

Remarks Re near vision: Government doctor does not recommend
correction at this time.

SA ROEMER had a repeat BUN which is within normal limits.

① - Bureau

1 - Chicago

VB/sjf

(2)

5 AUG 5 1976

DOJ/FBI

FEDERAL BUREAU OF INVESTIGATION

NAME LAST FIRST, MIDDLE ROEMER WILLIAM F JR	
--	--

b2

CODE NATURE OF ACTION		NOTIFICATION OF BASIC CHANGE		EFFECTIVE DATE	DATE OF LAST EQUIV INCR
<input type="checkbox"/>	892 — QUALITY INCREASE	<input type="checkbox"/>	896 — ADMIN. PAY INCREASE	11/ 7/76	11/11/73
<input checked="" type="checkbox"/>	893 — WITHIN GRADE INCREASE	<input type="checkbox"/>	897 — ADMIN. PAY DECREASE		
<input type="checkbox"/>	894 — PAY ADJUSTMENT	<input type="checkbox"/>	OTHER (SPECIFY IN REMARKS)		
GRADE OR LEVEL GS-13	STEP OR RATE STEP 10	OLD SALARY \$30,788.00	NEW SALARY \$31,598.00		

DATA ON UNPAID ABSENCE		IN PAY STATUS AT END OF WAITING PERIOD	INITIALS
PERIOD(S)	TOTAL EXCESS	YES	3/6a

☒ EMPLOYEE'S WORK IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.

☐ EMPLOYEE'S PERFORMANCE RATING IS SATISFACTORY OR BETTER

REMARKS
67-NOT RECORDED
130 DEC 7 1976

11/ 7/76
(DATE)

DIRECTOR
FEDERAL BUREAU OF INVESTIGATION

PERSONNEL FILE COPY

UNITED STATES GOVERNMENT

Memorandum

(SUBMIT IN DUPLICATE)

TO Director, FBI

DATE

FROM

SA

WMF ROEMER, JR.

Attention: 1. Movement Unit

b2

SUBJECT

Office of assignment CHICAGO

OFFICE OF PREFERENCE

CHICAGO

Please list my office of preference as follows:

CHICAGO

I understand that if I am transferred to my office of preference I will not be considered for another office of preference transfer for a period of five years

Noted PAM
Lay
JMS

WMF Roemer
Signature

67-NOT RECORDED
2 NOV 30 1976

THREE

**FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE**

REPORT OF PERFORMANCE RATING

Name of Employee: WILLIAM F. KOEMER JR

Where Assigned: CHICAGO CRIMINAL SQUAD #C-8
(Division) (Section, Unit)

Official Position Title and Grade: SPECIAL AGENT GS-13

Rating Period: from APRIL 1, 1976 to MARCH 31, 1977

ADJECTIVE RATING: EXCELLENT
Outstanding, Excellent, Satisfactory, Unsatisfactory

Employee's
Initials

ER

Rated by:

3/31/77

Date

Title

SPECIAL AGENT
IN CHARGE

Title

Reviewed by:

Wm F Beane
WILLIAM F. BEANE

Signature

3/31/77

Date

Rating Approved by:

Richard E. King
RICHARD E. KING

Signature

Assistant Director

Title

JUN 22 1977

Date

TYPE OF REPORT

☒ Official
☒ Annual

☐ Administrative
☐ 60-Day
☐ 90-Day
☐ Transfer
☐ Separation from Service
☐ Special

REC-148

67-447328-158

#17450 1-20-77

42

THREE

b2

b6

PERFORMANCE RATING GUIDE FOR INVESTIGATIVE PERSONNEL
CHECKLIST AND NARRATIVE COMMENTS
 (For use as attachment to Performance Rating Form FD-185)

Name of Employee WILLIAM F. ROEMER

Note: Only those items having pertinent bearing on employee's performance should be rated. Actual performance is to be compared with current, existing job description requirements.

+ RATE ITEMS AS FOLLOWS (See Manual of Rules and Regulations for detailed instructions.)

+ Outstanding (To warrant overall +, all rated elements must be +, and justified in writing.)

E Excellent (Overall E must be supported by E or + on majority of items, including important elements.)

✓ Satisfactory

- Unsatisfactory (If any item so rated, overall adjective rating can be no better than Satisfactory.) Any unsatisfactory item or overall Unsatisfactory rating must be supported in writing.

0 No opportunity to appraise. In other responses, use "X."

(Use INK for Checklist - DO NOT TYPE)

RESPOND TO EVERY ITEM

- + 1. Personal appearance.
- + 2. Personality and effectiveness of personal contacts.
- + 3. Attitude (including dependability, cooperativeness, loyalty, enthusiasm, amenability, and willingness to equitably share work load).
- + 4. Physical fitness (including health, energy, stamina). Any physical limitations affecting performance? ☐ Yes ☒ No. Has employee used more sick leave (including annual leave or LWOP for illness) during the rating period than the amount of sick leave earned during such period? ☐ Yes ☒ No. If answer to either is yes, explain.

- + 5. Resourcefulness, ingenuity, and initiative.
- + 6. Forcefulness and aggressiveness as required.
- + 7. Judgment, including common sense, ability to arrive at proper conclusions, ability to define objectives.
- + 8. Planning of work.
- + 9. Accuracy and attention to pertinent detail.
- + 10. Productivity, including amount of acceptable work produced and rate of progress on or completion of assignments. Also consider adherence to deadlines, unless failure to meet is attributable to causes beyond employee's control.
- + 11. Knowledge of duties, instructions, rules and regulations, including readiness of comprehension and "know how" of application.
- + 12. Performance results (rate if applicable and mark others 0) 0 A. Internal Security; + B. Criminal or General Investigative; + C. Fugitive; 0 D. Applicant; 0 E. Accounting; 0 F. Other, such as Supervisor. Comment on type of work handled entire rating period, including performance in other divisions, and appraisal of overall work performance:

During this rating period SA ROEMER has been assigned to the Organized Crime Program, working almost exclusively in the development of TE informants. His performance during this period has been exceptional and his contributions have resulted in an extremely fine quality program relating to Organized Crime matters. He has an outstanding attitude which reflects an excellent example for younger Agents to follow. His expertise in the TECIP is excellent. He also has done an excellent job in being the liaison Agent with the Vice-Control Division. His overall performance has been excellent.

Complexity of matters handled: ☐ None ☐ Moderate ☒ Most complicated

Degree of supervision required: ☐ Above average ☐ Average ☒ Minimum ☐ None

A. Employee signifies by initialing hereafter that during the course of receiving the performance rating report (limit this provision to annual, 60-day or 90-day reports) employee has read and understands position description.

Employee's
Initials

- B. Is employee available wherever needs of service require for general assignment? ☒ Yes ☐ No Special assignment? ☒ Yes ☐ No
- C. Is employee qualified to operate a motor vehicle incidental to official duties? ☒ Yes ☐ No
 If answer is "yes," personnel file must reflect the following: (a) Has valid State or local operator's license for type vehicle to be used.
 (b) Is physically fit to drive. (c) Past safe driving record OK or has passed Bureau road test.

D. Specify general nature of assignment during most of rating period (such as security, criminal, applicant squad, Accountant, or as Resident Agent, supervisor, instructor, etc.).

Criminal

ADJECTIVE RATING: Excellent
 (Outstanding, Excellent, Satisfactory, Unsatisfactory)

EMPLOYEE'S INITIALS WR

(Checklist and Narrative Comments continued)

13. Firearms. Check One: ☒ Qualified ☐ Qualified Instructor ☐ Expert
- + 14. Development of informants and sources of information. Comment on weaknesses or justify limited participation.
During rating period developed 10 informants, 0 potential informants.
During this rating period SA ROEMER has developed one TE informant. This informant has outstanding potential in the Organized Crime field. SA ROEMER currently handles 8 OCs and 2 TEs. During this period he has handled 15 OCs and 3 TEs. He has done an outstanding job in this field.
- + 15. Reporting (Consider conciseness, clarity, organization, thoroughness, accuracy, adequacy and pertinency of leads, and administrative detail)
+ A. Reports, + B. Memos, letters, wires.
- E 16. Performance as a witness. ☐ During rating period, ☒ Based on past performance; ☐ No experience.
- 0 17. Executive evaluation (approved Supervisors, Relief Supervisors, Alternate Senior and Senior Resident Agents; underline applicable.)
7 A. Leadership 7 F. Devising procedures
7 B. Ability to handle personnel 7 G. Promoting high morale
7 C. Making decisions 7 H. Getting results
7 D. Assignment of work 7 I. Furthering equal employment opportunity
7 E. Training subordinates
- E 18. Raids and dangerous assignments, 0 A. As leader; E B. As participant.
- + 19. Miscellaneous. Specify and rate
+ Dictation, + Applicant recruitment; 0 Other _____
- 0 20. Police Instruction ☐ Qualified ☐ Participated ☐ Audited
21. Foreign Language Ability: Proficient in N/A language(s).
Can handle typical investigative problems as follows:
A. Conversation form _____ (language) ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Unsatisfactory
B. Written form _____ (language) ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Unsatisfactory
Frequency _____ language ability used during rating period _____.
Anticipated use during ensuing year _____.
C. Completed Bureau Language School ☐ No ☐ Yes _____ Specify language(s) _____.
22. Administrative Advancement
A. ☒ Not Interested (If this block is checked, ignore B, C, and D.)
B. ☐ Yes ☐ No Agent is completely available for administrative advancement.
C. ☐ Yes ☐ No Agent is considered qualified for administrative advancement, including experience, ability, personality, and appearance.
D. ☐ Yes ☐ No If answer to C is "Yes," Agent's qualifications are considered
☐ Very Good ☐ Excellent ☐ Outstanding
E. ☐ Yes ☒ No Agent should update his Career Development Summary. (If answer is "Yes," instruct Agent to submit current FD-477. If Agent has less than 10 years of service (as an Agent), he must execute this form if three years have elapsed since last submission.)
23. Number of Incentive Awards 0.
Commendations received from Director Individual 0 Through Superior 2.
Suggestions submitted 0.
If none, check block ☐.
24. Disciplinary Action and Justification for any Unsatisfactory Items. ☒ None
(List items taken into consideration on Checklist.)

EMPLOYEE'S INITIALS LR

REPORT OF MEDICAL EXAMINATION

88-112

b2

1. LAST NAME—FIRST NAME—MIDDLE NAME Romer, William Francis, Jr.		2. GRADE AND COMPONENT OR POSITION Special Agent		3. DATE OF EXAMINATION 7/12/77	
4. HOME ADDRESS (Number, street or RFD, city or town, State and ZIP code) 15608 ROSE DR. SOUTH HOLLAND, ILL.		5. PURPOSE OF EXAMINATION Annual		6. DATE OF EXAMINATION 7/12/77	
7. SEX Male	8. RACE Cauc.	9. TOTAL YEARS GOVERNMENT SERVICE CIVILIAN		10. AGENCY FBI	11. ORGANIZATION UNIT Chicago, Illinois
12. DATE OF BIRTH 6/16/26		13. PLACE OF BIRTH South Bend, Indiana		14. NAME, RELATIONSHIP AND ADDRESS OF NEXT OF KIN	
15. EXAMINING FACILITY OR EXAMINER AND ADDRESS U.S. Army Health Clinic, Ft. Sheridan, Illinois 60037				16. OTHER INFORMATION	
17. RATING OR SPECIALTY		TIME IN THIS CAPACITY (Total)		LAST SIX MONTHS	

CLINICAL EVALUATION	
NOR- MAL	ABNOR- MAL
18 HEAD FACE NECK AND SCALP	
19 NOSE	
20 SINUSES	
21 MOUTH AND THROAT	
22 EARS—GENERAL (Int & ext canals) (Auditory acuity under items 70 and 71)	
23 DRUMS (Perforation)	
24 EYES—GENERAL (Visual acuity and refraction under items 69, 70 and 71)	
25 OPHTHALMOSCOPIC	
26 PUPILS (Equality and reaction)	
27 OCULAR MOTILITY (Associated parallel movements nystagmus)	
28 LUNGS AND CHEST (Include breasts)	
29 HEART (Thrust, size, rhythm, sounds)	
30 VASCULAR SYSTEM (Vasculosties, etc.)	
31 ABDOMEN AND VISCERA (Include hernia)	
32 ANUS AND RECTUM (Hemorrhoids fistular Prostate if indicated)	
33 ENDOCRINE SYSTEM	
34 G-U SYSTEM	
35 UPPER EXTREMITIES (Strength range of motion)	
36 FEET	
37 LOWER EXTREMITIES (Except feet) (Strength range of motion)	
38 SPINE OTHER MUSCULOSKELETAL	
39 IDENTIFYING BODY MARKS SCARS TATTOOS	
40 SKIN LYMPHATICS	
41 NEUROLOGIC (Equilibrium tests under item 74)	
42 PSYCHIATRIC (Specify any personality deviation)	
43 PELVIC (Females only) (Check how done)	
<input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL	

NOTES (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

Copy to 100-447328-159
32 rectal negative
REC-130
3 SEP 8 1977
3 procedure
10.3-4 mm. diameter firm SQ mass at nipple level, rt. AAL.

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively)		REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES	
O—Restorable teeth I—Nonrestorable teeth X—Missing teeth XXX—Replaced by dentures (6 X 8)—Fixed bridge, brackets to include abutments			
R I G H T	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	L E F	T-3 C-2 LR

LABORATORY FINDINGS

45. URINALYSIS, A SPECIMEN GRAVITY B. ALBUMIN C. SUGAR		46. CHEST X-RAY (Ft. Sheridan, Ill. 60037) Film # 4440 NORMAL CHEST	
47. SEROLOGY (Specify test used and result) RPR-CT NONREACTIVE		48. EKG normal	
49. BLOOD TYPE AND RH FACTOR		50. OTHER TESTS HEMOGLOBIN 14.7 GMS HEMATOCRIT 43 % WBC COUNT 5,000	

MEASUREMENTS AND OTHER FINDINGS

51 HEIGHT 73	52 WEIGHT 209	53 COLOR HAIR Brn	54 COLOR EYES Brn	55 BUILD (Check one) SLENDER	MEDIUM	HEAVY	OBESE	56 TEMPERATURE
57 BLOOD PRESSURE (Arm at heart level)				58 PULSE (Arm at heart level)				
57 SITTING 120/80		57 RECURBENT 120/80		57 STANDING (3 min) 72		57 AFTER EXERCISE		57 2 MIN AFTER
59 DISTANT VISION		60 REFRACTION		61 NEAR VISION				
RIGHT 20/70 CORR TO 20/20		BY -1.00 S -0.50 CX 005		20/40 CORR TO		BY 13		
LEFT 20/70 CORR TO 20/20		BY -1.50 S 5PH CX		20/25 CORR TO		BY 17		
62. HETEROPHORIA (Specify distance)								
ES°	EX°	R H	L H	PRISM DIV	PRISM CONV CT	PC	PD	
63 ACCOMMODATION		64 COLOR VISION (Test used and result)			65 DEPTH PERCEPTION (Test used and score)		66 INTRAOCULAR TENSION	
RIGHT LEFT		DIP			UNCORRECTED		CORRECTED	
66 FIELD OF VISION		67 NIGHT VISION (Test used and score)			68 RED LENS TEST		69 INTRAOCULAR TENSION	
70 HEARING		71 AUDIOMETER			72 PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)			
RIGHT WV /15 SV /15		250 350 500 1000 2000 3000 4000 6000 8000			14.6 ou			
LEFT WV /15 SV /15		RIGHT 10 10 10 5 45 80			5.3			
		LEFT 10 0 0 35 50 80						
73 NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY								

(Use additional sheets if necessary)

74 SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

77 EXAMINEE (Check)

A ☒ IS QUALIFIED FOR
B ☐ IS NOT QUALIFIED FOR

78 IF NOT QUALIFIED LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

79 TYPED OR PRINTED NAME OF PHYSICIAN

76 A PHYSICAL PROFILE

P	U	L	H	E	S

B PHYSICAL CATEGORY

A	B	C	E

TACHED SHEETS

b2

CHEMISTRY I
STANDARD FORM 546 (JULY 1971) — GSA FPMR 101-11.3

CHEMISTRY I
STANDARD FORM 546 (JULY 1971) — GSA FPMR 101-11.3

67-447328-159

**Attachment to Standard Form 88, Report of Medical Examination
For Information and Guidance of Medical Examiner**

Name of Examinee Roemer William Francis Jr.
(Type or print) Last First Middle

The following portions of the attached examination report form need not be completed

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4	11	62	68	
8	14	65	72	

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The medical examiner should answer the following question

Examinee ☒ is ☐ is not qualified for strenuous physical exertion

To be Answered in the Case of All Special Agents, Special Agent Applicants, and National Academy Applicants:

- 1 Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

☒ No ☐ Yes If "yes" please specify defects _____

To be Answered in the Case of All Special Agents, Special Agent Applicants, and other Employees who drive Bureau vehicles:

- 1 Does examinee have any defects prohibiting safe operation of motor vehicles?

☒ No ☐ Yes If "yes" please specify defects _____

- 2 For safe driving of motor vehicles, Civil Service Commission requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected Should examinee wear corrective glasses while operating a motor vehicle? ☒ Yes ☐ No
If recommendation is based on a factor other than above standard, indicate basis _____

67-447328-159

DESIRABLE WEIGHT RANGES

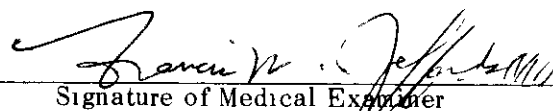
MALES				FEMALES			
Height	Small Frame	Medium Frame	Large Frame	Height	Small Frame	Medium Frame	Large Frame
5'4"	117 - 138	123 - 149	131 - 163	5'0"	96 - 114	101 - 124	109 - 138
5'5"	120 - 142	126 - 153	134 - 167	5'1"	99 - 118	104 - 128	112 - 141
5'6"	124 - 146	130 - 157	138 - 173	5'2"	102 - 121	107 - 131	115 - 144
5'7"	128 - 151	134 - 163	143 - 178	5'3"	105 - 124	110 - 135	118 - 149
5'8"	132 - 155	138 - 167	147 - 183	5'4"	108 - 128	113 - 139	121 - 152
5'9"	136 - 161	142 - 172	151 - 187	5'5"	111 - 132	117 - 144	125 - 156
5'10"	140 - 165	146 - 177	155 - 193	5'6"	114 - 135	120 - 149	129 - 161
5'11"	144 - 169	150 - 183	160 - 198	5'7"	118 - 140	124 - 153	133 - 165
6'	148 - 174	154 - 188	164 - 204	5'8"	122 - 144	128 - 157	137 - 169
6'1"	152 - 179	158 - 194	169 - 209	5'9"	126 - 149	132 - 162	141 - 174
6'2"	156 - 184	163 - 199	174 - 215	5'10"	130 - 154	136 - 166	145 - 179
6'3"	160 - 188	168 - 205	178 - 220	5'11"	134 - 158	140 - 171	149 - 185
6'4"	169 - 198	178 - 216	188 - 231	6'0"	138 - 163	144 - 175	153 - 190
6'5"	174 - 204	182 - 222	192 - 238				

4 Examinee's frame is ☐ small ☐ medium ☒ large

5. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight ☒ Satisfactory ☐ Excessive ☐ Deficient

6 Under proper medical supervision, employee should ☐ lose _____ pounds
☐ gain _____ pounds

Remarks _____


 Signature of Medical Examiner

12 July 77
 Date

UNITED STATES GOVERNMENT

Memorandum

TO

Director, FBI

DATE

9/2/77

FROM

SAC, CHICAGO

Attention: Personnel Section

SUBJECT

WILLIAM F. ROEMER
SPECIAL AGENT
PHYSICAL EXAMINATION MATTER

☐ Remylet _____☐ ReBulet _____☒ Re physical examination 7/12/77☒ Dental work was completed on since this examination☒ Vision has been corrected to 20/209/1/77

by

(name of person giving instruction)

Employee specifically instructed

that he can operate a Bureau car

b6

only when wearing the necessary glasses

☐ Results of ☐ chest X ray ☐ patch test ☐ urinalysis ☐ serology were negative☐ Enclosed physician's statement indicates employee is ☐ Qualified for strenuous physical exertion and use of firearms; ☐ Qualified for firearms, exclusive of defensive tactics SAC concurs, ☐ Yes ☐ No If answered no, explain under remarks☐ Future participation in firearms is remote and weapon will be returned to the Bureau☐ Enclosed are ☐ paid ☐ unpaid medical bills☐ Attached are Bureau of Employees' Compensation forms _____☒ Physical examination reports are enclosed☐ Employee is scheduled for physical examination on _____☒ Physical examination report has been reviewed and initialed☐ Employee returned to active duty _____☐ Employee's physical condition is _____☐ UACB he is being removed from limited duty☐ UACB he is being placed on limited duty

If employee is a Resident Agent, is there a sufficient amount of nonarduous work available to keep him fully occupied and are sufficient agents available to handle emergency assignments ☐ Yes ☐ No If answer is no, separately and immediately submit your recommendation for the return of this agent to headquarters city

Remarks

1 - Bureau
1 - Chicago
VB/sjf
(2)

Enclosure

ENCLOSURE

THREE

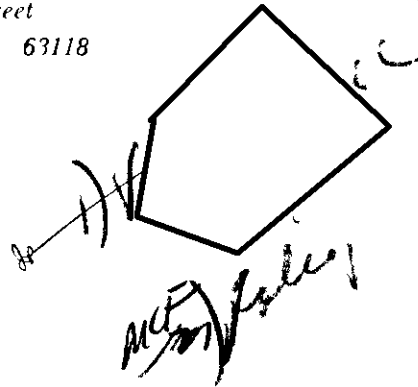
UNITED STATES OF AMERICA
GENERAL SERVICES ADMINISTRATION



DATE **10-28-77**
REPLY TO **NCPCR-CA**
ATTN OF
SUBJECT **STATEMENT CONCERNING CHRISTMAS ASSISTANT EMPLOYMENT**

National Personnel Records Center
(Civilian Personnel Records)
111 Winnebago Street
St Louis, Missouri 63118

FBI



NAME (Last, first, middle) Roemer, William F.	DATE OF BIRTH 6-16-26
---	---------------------------------

- ☐ The enclosed request is forwarded for your reply since the payroll records for the period(s) involved have not been received. Please furnish the requester information as to the number of hours worked and rate of pay for the period(s) involved.
- ☒ Official personnel folders are not established for Christmas assistants. Payroll records show the number of hours worked but not the actual appointment and separation dates. The payroll records show the following information for the above-named employee.

b2
b6

PERIOD	HOURS WORKED	RATE OF PAY	POST OFFICE
Dec, 1944	No Service Found	as a Sub Clerk	So. Bend, Ind.
Dec, 1945-	" "	" " "	" " "
* Dec, 1942	39 hrs	\$.65 p.H.	So. Bend, Ind.

- ☐ The above verifies only a portion of the service shown in your request. The payroll records for the other employment periods are held by the Payroll Section, Postal Data Center, Post Office Department

* Located a Temp SRO Card for **William F. Roemer, Jr** age 16.

REC-132

62-447328-160
36



3/1/77

1 - [] Enc.
1 - [] - Enc.
1 - [] - Enc.
2 - [] - Enc.

The Deputy Attorney General

March 10, 1978

b7C

Director, FBI

HOUSE SELECT COMMITTEE ON ASSASSINATIONS

In accordance with Attorney General Order 116-56, this memorandum advises that Special Agent William F. Roemer, Jr. was interviewed on February 13, 1978. A memorandum setting forth Mr. Roemer's account of this interview is enclosed for your information.

Enclosure

1 - Assistant Attorney General - Enclosure
Criminal Division

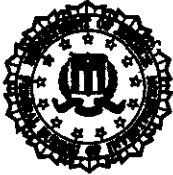
Attn: []

① - Personnel file - William F. Roemer, Jr. - Enclosure

DOC:ldr

67-NOT RECORDED

924 MAR 21 1978



In Reply, Please Refer to
File No.

UNITED STATES DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF INVESTIGATION
Chicago, Illinois

February 14, 1978

HOUSE SELECT COMMITTEE
ON ASSASSINATIONS

Ralph Salerno [redacted] for
the House Select Committee on Assassinations conducted an
interview of Special Agent William F. Roemer, Jr. of the
Chicago Office of the Federal Bureau of Investigation in
Chicago on February 13, 1978.

b7C

These questions concerned knowledge in the
possession of SA Roemer concerning organized crime figures
whose names have been developed by the House Select Committee
on Assassinations during their investigation of the possible
involvement of organized crime in the assassination of
President John F. Kennedy in November, 1963. These questions
were general in nature and concerned Sam Giancana, Jack Ruby,
John Roselli, [redacted] Judith Campbell Exner, Richard
Cain, Dominic "Butch" Blasi, and Charles English. SA Roemer
responded with information in his personal possession acquired
during investigation of organized crime in Chicago during the
past twenty years concerning the above-named individuals.
None of this information indicates a direct involvement of
any of these individuals with the assassination of President
Kennedy.

This document contains neither recommendations nor conclusions
of the Federal Bureau of Investigation. It is the property of
the Federal Bureau of Investigation and is loaned to your agency;
it and its contents are not to be distributed outside your agency.

UNITED STATES GOVERNMENT

Memorandum

(SUBMIT IN DUPLICATE)

TO

Director, FBI

DATE

3-14-78/per duplicate copy

FROM

SA

Wm F. ROEMER JR.

Social Security Number

[REDACTED]

b2

Attention: 1. Movement Unit

SUBJECT

Office of assignment

CHICAGO

2. ~~Data Processing Section~~

Please list my office of preference as follows:

Phoenix

I understand that if I am transferred to my office of preference I will not be considered for another office of preference transfer for a period of five years.

Wm F. Roemer Jr.
Signature

67-NOT RECORDED

4 MAR 23 1978

THREE

entered
CPT/PC

[Handwritten initials]

April 5, 1978

0
Mr. William F. Roemer, Jr.
Federal Bureau of Investigation
Chicago, Illinois

Dear **Mr. Roemer:**

Your headquarters are changed for official reasons from
Chicago, Illinois, to Tucson, Arizona,
 effective upon your arrival there on or after this date. Travel and transportation expenses and applicable allowances and benefits for you and your dependents incidental to this transfer as provided by the Administrative Expenses Act of 1946, as amended; General Services Administration Federal Travel Regulations dated May, 1973, and implementing regulations prescribed by this Bureau, shall be paid to you or on your behalf. However, before these expenses can be paid by the Government you must agree in writing (Bureau Form 3-34b) to remain in the service of the Government for one year following the first day you report for duty at the new station. If you are being transferred to a duty station outside the continental United States only the written agreement form, FD-382, need be executed. You are reminded that pursuant to Internal Revenue Service regulations, certain moving expenses paid incidental to this transfer are subject to an income tax.

Very truly yours,

William H. Webster
 William H. Webster
 Director

67-1328-16	
Searched	Numbered
10 APR 7 1978	

Enclosure

1-SAC, Phoenix (Personal Attention) SA Roemer is a law-trained Agent.
Advise arrival date and address of RA Roemer at Tucson.

1- SAC, **Chicago**

(Personal Attention) (Enclosures 3) Have above Agent

b6

execute the enclosed Forms 3-34b and return the original and copies to the Bureau.
☒ Expedite transfer and advise by FD-67 within 10 working days departure and arrival dates.

☐ Advise Bureau arrival date and address of ☐ SKA
☐ ASRA
☐ RA

1-Payroll Distribution 1- [] (Sent Direct) 1- [] (Room 1638)

Tip (9) Based on memo from Administrative Services Division, 4-4-78, WLK:dma.

MAIL ROOM ☐

2 APR 11 1978

38



UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

WASHINGTON, D C 20535

Roemer

TO: Movement Unit
Administrative Services Division

Date: April 4, 1978

Prepare the necessary orders transferring the following Special Agent. Departure of Agents to new offices of assignment should be expedited.

<u>Name</u>	<u>From</u>	<u>To</u>
SA WILLIAM F. ROEMER, JR.	CHICAGO	TUCSON RA (PHOENIX)

OP transfer directly to the Tucson Resident Agency, Phoenix Division, to fill the need for an Agent. SA Roemer EOD as SA 9/25/50 and is in GS-13. File reviewed and no reason noted therein to preclude transfer.

uk
WLK:dma
(3)

REC/uk
ASSISTANT DIRECTOR
ADMINISTRATIVE SERVICES DIVISION

Transfer Orders Prepared *AP 14-5*

67-447328-161
ENCLOSURE

3/10mm
FBI/DOJ

FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

REPORT OF PERFORMANCE RATING

Name of Employee: WILLIAM F. ROEMER, JR.

b2
b6

Where Assigned: CHICAGO SQUAD # 16
(Division) (Section, Unit)

Official Position Title and Grade: SPECIAL AGENT - GS 13

Rating Period: from 4/1/77 to 3/31/78

ADJECTIVE RATING: EXCELLENT Employee's
Initials
WR
Outstanding, Excellent, Satisfactory, Unsatisfactory

Rated by: 3/31/78
Signature Title Date

Reviewed by: JOHN L. HOGAN ASSISTANT SPECIAL AGENT IN CHARGE 3/31/78
Signature Title Date

Rating Approved by: Richard E. Hmg Assistant Director APR 24 1978
Signature Title Date

TYPE OF REPORT

☒ Official
☒ Annual

☐ Administrative
☐ 90-Day
☐ Transfer
☐ Special

REC-145

67- <u>447328-162</u>	
Searched	Numbered
2 APR 28 1978 <u>8</u>	

THREE

1 APR 28 1978 8

**PERFORMANCE RATING GUIDE FOR INVESTIGATIVE PERSONNEL
CHECKLIST AND NARRATIVE COMMENTS**
(For use as attachment to Performance Rating Form FD-185)

Name of Employee WILLIAM F. ROEMER, JR.

Note Only those items having pertinent bearing on employee's performance during the rating period should be rated. Actual performance is to be compared with current, existing job description requirements.

RATE ITEMS AS FOLLOWS

- + **Outstanding** (To warrant overall +, all rated elements must be +, and justified in writing)
- E **Excellent** (Overall E must be supported by E or + on majority of items, including important elements)
- ✓ **Satisfactory**
- **Unsatisfactory** (If any item so rated, overall adjective rating can be no better than Satisfactory) Any unsatisfactory item or overall Unsatisfactory rating must be supported in writing
- No opportunity to appraise. In other responses, use "X"

(Use INK for Checklist - DO NOT TYPE)

RESPOND TO EVERY ITEM

- + 1 Personal appearance
- + 2 Personality and effectiveness of personal contacts
- + 3 Attitude (including dependability, cooperativeness, loyalty, enthusiasm, amenability, and willingness to equitably share work load)
- + 4 Physical fitness (including health, energy, stamina) Any physical limitations affecting performance? ☐ Yes ☒ No Has employee used more sick leave (including annual leave or LWOP for illness) during the rating period than the amount of sick leave earned during such period? ☐ Yes ☒ No If answer to either is yes, explain

- + 5 Resourcefulness, ingenuity, and initiative
- + 6 Forcefulness and aggressiveness as required
- + 7 Judgment, including common sense, ability to arrive at proper conclusions, ability to define objectives
- + 8 Planning of work
- + 9 Accuracy and attention to pertinent detail
- + 10 Productivity, including amount of acceptable work produced and rate of progress on or completion of assignments. Also consider adherence to deadlines, unless failure to meet is attributable to causes beyond employee's control
- + 11 Knowledge of duties, instructions, rules and regulations, including readiness of comprehension and "know how" of application
- + 12 Performance results (rate if applicable and mark others 0) 0 A Foreign Counterintelligence (FCI), + B Criminal Investigative, 0 C Fugitive, 0 D Applicant, 0 E Accounting, + F Informants, 0 G Domestic Security and Terrorism, 0 H Other, such as Supervisor
- Comment on type of work handled entire rating period, including performance in other divisions, and appraisal of overall work performance

During the rating period SA ROEMER has been almost exclusively assigned to developing organized crime informants. His results in this area have been noteworthy throughout the entire period. He is currently handling three TEs and seven OCs, and most recently developed two new sources to replace two that were closed. In addition, SA ROEMER handles various cases from other divisions in a prompt, complete and outstanding fashion. His work continually is in the high range of excellent and he is able to assist less experienced agents do to his knowledge and experience.

Complexity of matters handled ☐ None ☐ Moderate ☒ Most complicated

Degree of supervision required ☐ Above average ☐ Average ☒ Minimum ☐ None

A Employee signifies by initialing hereafter that during the course of receiving the performance rating report (limit this provision to annual, 60-day or 90-day reports) employee has read and understands position description

Employee's
Initials
WR

B Is employee available wherever needs of service require for general assignment? ☒ Yes ☐ No Special assignment? ☒ Yes ☐ No

C Is employee qualified to operate a motor vehicle incidental to official duties? ☒ Yes ☐ No
If answer is "yes," personnel file must reflect the following (a) Has valid State or local operator's license for type vehicle to be used (b) Is physically fit to drive (c) Past safe driving record OK or has passed Bureau road test

D Specify general nature of assignment during most of rating period (such as security (FCI), criminal, applicant squad, Accountant, or as Resident Agent, supervisor, instructor, etc.)

Organized Crime - Informants

ADJECTIVE RATING

EXCELLENT

EMPLOYEE'S INITIALS

WR

(Outstanding, Excellent, Satisfactory, Unsatisfactory)

(Checklist and Narrative Comments continued)

- + 13 Firearms. Check One + Qualified _____ Qualified Instructor _____ Expert _____
- + 14 Reporting (Consider conciseness, clarity, organization, thoroughness, accuracy, adequacy and pertinency of leads, and administrative detail)
- + A Reports, + B Memos, letters, wires
- 0 15 Performance as a witness during rating period
- 0 16. Executive and supervisory evaluation (approved Supervisors, Relief Supervisors, Alternate Senior and Senior Resident Agents, underline applicable)
- _____ A. Leadership _____ F. Devising procedures
_____ B. Ability to handle personnel _____ G. Promoting high morale
_____ C. Making decisions _____ H. Getting results
_____ D. Assignment of work _____ I. Furthering equal employment opportunity
_____ E. Training subordinates
- 0 17 Raids and dangerous assignments, 0 A As leader, 0 B. As participant
- + 18. Miscellaneous. Specify and rate
- E Dictation, X Applicant recruitment, 0 Other _____
- 19 Foreign Language Ability Proficient in N/A language(s)
Can handle typical investigative problems as follows
- A. Conversation form _____ (language) ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Unsatisfactory
- B. Written form _____ (language) ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Unsatisfactory
- Frequency _____ language ability used during rating period _____
Anticipated use during ensuing year _____
- C Completed Bureau Language School ☐ No ☐ Yes _____ (Specify language(s))
20. Administrative Advancement
- A. ☒ Not Interested (If this block is checked, ignore B, C, and D)
- B. ☐ Yes ☐ No Agent is completely available for administrative advancement
- C ☐ Yes ☐ No Agent is considered qualified for administrative advancement, including experience, ability, personality, and appearance
If answer to C is "Yes," Agent's qualifications are considered
☐ Very Good ☐ Excellent ☐ Outstanding
- D Explain if interested but not now qualified.
- E ☐ Yes ☒ No Agent should update his Career Development Summary (If answer is "Yes," instruct Agent to submit current FD-477. If Agent has less than 10 years of service (as an Agent), he must execute this form if three years have elapsed since last submission)
21. Number of Incentive Awards _____
Commendations received from Director _____ Through Superior _____
Suggestions submitted _____
If none, check block ☒.
22. Disciplinary Action and Justification for any Unsatisfactory Items. ☒ None
(List items taken into consideration on Checklist)

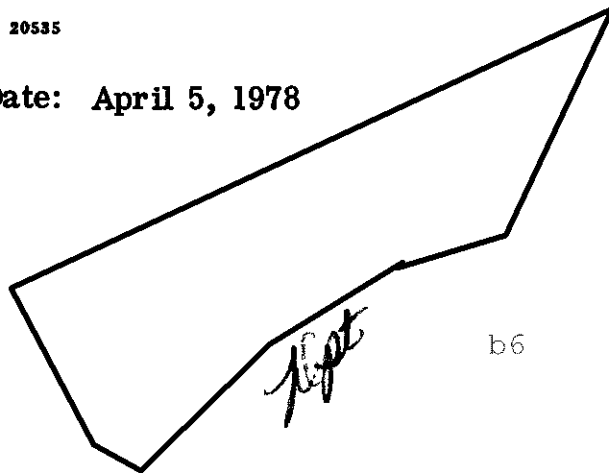


UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

WASHINGTON, D C 20535

Date: April 5, 1978

Director
Federal Bureau of Investigation
Washington, D. C.



b6

TRANSFER AGREEMENT

In connection with my transfer from Chicago, Illinois,
to Tucson, Arizona, I agree to remain in
the service of the Government for 12 months following the effective
date of this transfer. It is understood that the effective date of this
transfer is the day I report for duty at the new station. It is also
understood that should I violate this agreement I become obligated
to refund to the Government all costs incurred on my behalf for
travel, transportation, and related expenses as described in the
Federal Travel Regulations, unless separated for reasons beyond
my control and acceptable to the FBI.

Wm F Roemer, Jr.
Signature
William F. Roemer, Jr.

3/10/78

72
67-NOT RECORDED
1 APR 14 1978

memorandum

DATE: 5/15/78

REPLY TO
ATTENTION

SAC, CHICAGO

SUBJECT:

SA WILLIAM F. ROEMER, JR.
TRANSFER MATTER

TO

DIRECTOR, FBI

The comments and rating given in the annual performance rating dated 3/31/78 for SA ROEMER still apply.

b6

X

REC-100

67-447328-163

Searched.....	Numbered.....
9 JUN 12 1978 SL	

2 - Bureau
1 - Chicago

PMU/mbw



5 JUN 14 1978

Buy U.S. Savings Bonds Regularly on the Payroll Savings Plan

OPTIONAL FORM NO. 10
(REV. 7-76)
GSA FPMR (41 CFR) 101-11.6
5010-112

UNITED STATES GOVERNMENT

Memorandum

b2
b6TO Director, FBI
FROM SAC, Phoenix

DATE 5/26/78

Attn.: Movement Unit

SUBJECT WILLIAM F. ROEMER JR.

☐ ACKNOWLEDGEMENT OF TRANSFER ORDERS
☒ ARRIVAL NOTICE

ReBulet

Transfer From Chicago

Transfer To Phoenix, Arizona

Title Special Agent	Arrival on Transfer (time & date) 3:00p.m. 5/24/78
Contemplated Departure Date	Reported for Duty 5/25/78
Annual Leave En Route	New Title & Position Number (Non-Agent Personnel)
Contemplated Arrival Date	Organizational Cost Center # 3630

Person to be notified in case of an emergency while en route on transfer (to be furnished when such person and address differ from information previously furnished the Bureau, if employee will be traveling with person who normally would be notified in the event of an emergency, he should furnish name and address of some other person)

Name	Relationship	Address

(Destination)

NOT RECORDED
JUN 15 1978
Bureau
Phoenix
LMG/jal

entered
CRP/cp

FBI/DOJ

UNITED STATES GOVERNMENT

Memorandum

(SUBMIT IN DUPLICATE)

TO

Director, FBI

DATE 5/30/78

FROM

SA

W. F. ROEMER JR.

Attention: *see/Off* Movement UnitOffice of assignment *PR*

b2

~~2. Data Processing Section~~

SUBJECT

OFFICE OF PREFERENCE

Please list my office of preference as follows:

PHOENIX

I understand that if I am transferred to my office of preference I will not be considered for another office of preference transfer for a period of five years.

Wm F Roemer Jr.
Signature*noted P.A.U. m. h. j.*
67-NOT RECORDED
6 JUN 14 1978

THREE

UNITED STATES GOVERNMENT

Memorandum

TO : Director, FBI

DATE: 6/1/78

FROM : SAC, PHOENIX

SUBJECT: WILLIAM F. ROEMER, JR.

(Employee's present payroll name)

TUCSON RESIDENT AGENCY
PHOENIX DIVISION

(Division)

PAYROLL NAME (List as desired on payroll)

ADDRESS AND TELEPHONE CHANGE

Present telephone number (city)

624-3116

2440 N. Shannon Rd.

Tucson

Arizona

85705

FD-310 enclosed

Local address - (Number

Street

City

State (zip code))

THE FOLLOWING MUST BE EXECUTED IN REPORTING MARRIAGES OR BIRTHS

MARITAL STATUS

Married to - Show full (maiden) name of spouse

Date and place of marriage

FD-310 enclosed ☐ Yes ☐ NoIs spouse a Bureau employee? ☐ Yes ☐ NoEmployee has been reminded that all requests made by persons outside the FBI for information of any kind in the files of the FBI must be denied. This includes requests made by relatives or any relatives acquired by marriage. ☐ Yes

If you have previously filed any designation of beneficiary forms, it will be necessary for you to execute new forms in the event you now desire to cancel or alter prior designations.

NAME, ADDRESS, AND TELEPHONE NUMBER OF PERSON TO BE NOTIFIED IN CASE OF EMERGENCY.

BIRTHS

Girl named

Boy named

Born on

Birthplace

To employee and (Name of spouse, including middle and maiden name for females.)

This is their _____ child

(Female Employees Only) Current address to which correspondence should be sent

Enc. 1

1

Bureau

1

LMG/rfk

(2)

NOT RECORDED

JUN 9 1978

THREE

FBI/DOJ

Memorandum

TO : DIRECTOR, FBI
ATTN: PERSONNEL SECTION

FROM : SAC, PHOENIX (67-8231)

SUBJECT: WILLIAM F. ROEMER, JR.
SPECIAL AGENT
TUCSON RESIDENT AGENCY

DATE: 6/7/78

1. [REDACTED]
2. - [REDACTED]
3. [REDACTED]
4. [REDACTED]
5. - MOVEMENT

b6

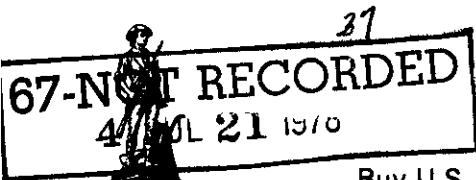
Re BuLet dated 4/5/78 transferring SA ROEMER,
from Chicago Division to Tucson Resident Agency.

SA ROEMER assumed duties at the Tucson RA on
5/25/78.

*entire
entire*

2 - Bureau
1 - Phoenix

LMG/rfb
(3)



Buy U.S. Savings Bonds Regularly on the Payroll Savings Plan

THREE
over

FBI/DOJ

MEDICAL REPORTS

Personnel File of Roemer, William J.

Personnel File No _____

Retired
67-NOT RECORDED

JUN 12 1978

3/16

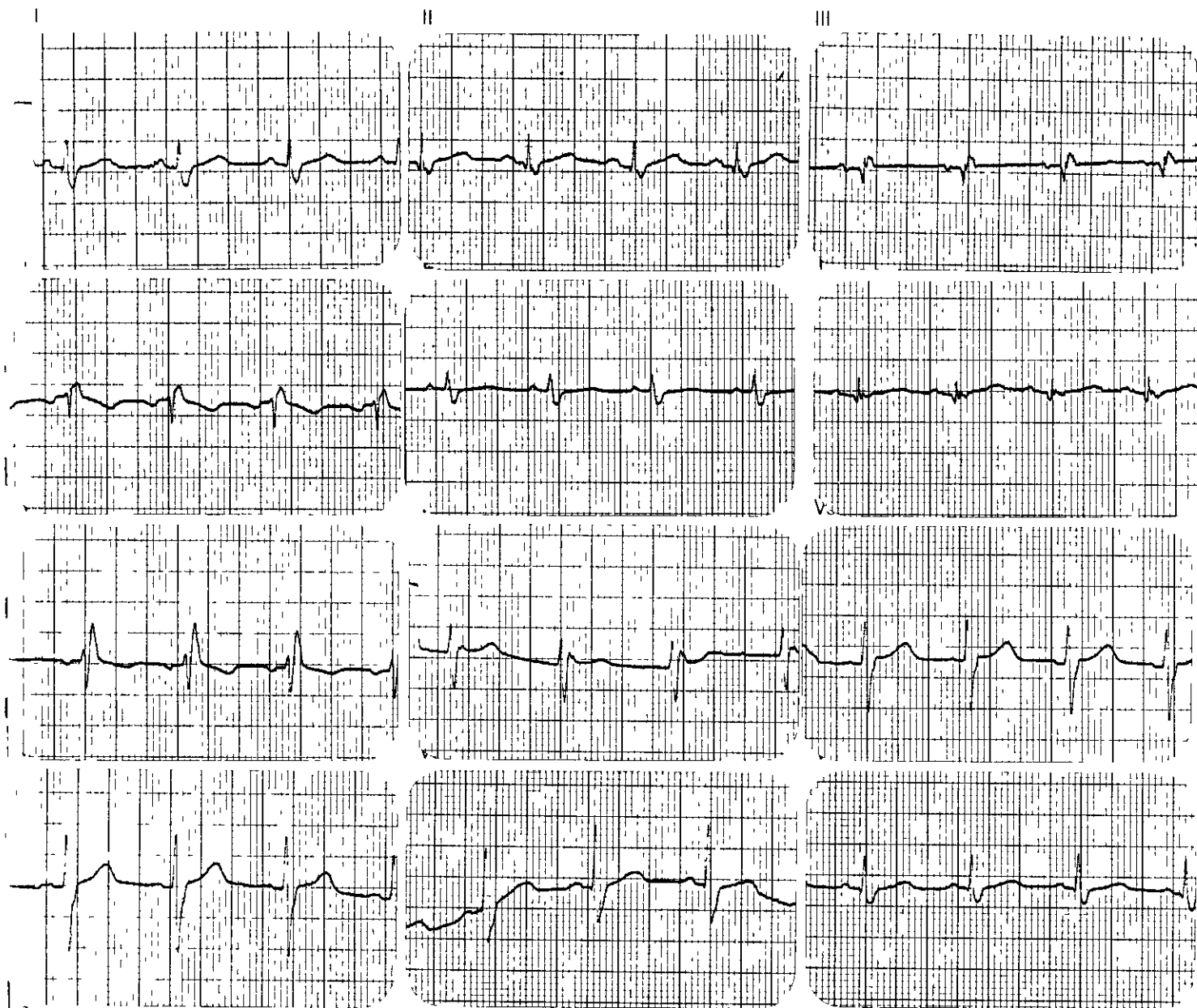
REPORT OF MEDICAL HISTORY

(THIS INFORMATION IS FOR OFFICIAL AND MEDICALLY-CONFIDENTIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS)

1 LAST NAME—FIRST NAME—MIDDLE NAME ROEMER, WILLIAM J.			2 SOCIAL SECURITY OR IDENTIFICATION NO						
3 HOME ADDRESS (No street or RFD, city or town, State, and ZIP CODE)			4 POSITION (Title, grade component)						
5 PURPOSE OF EXAMINATION ANNUAL		6 DATE OF EXAMINATION SEP 12 1977		7 EXAMINING FACILITY OR EXAMINER, AND ADDRESS (Include ZIP Code) USPH 245 W. HOUSTON ST., NYC					
8 STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past history, if complaint exists) GOOD									
9 HAVE YOU EVER (Please check each item)				10 DO YOU (Please check each item)					
YES	NO	(Check each item)		YES	NO	(Check each item)			
	<input checked="" type="checkbox"/>	Lived with anyone who had tuberculosis		<input checked="" type="checkbox"/>		Wear glasses or contact lenses			
	<input checked="" type="checkbox"/>	Coughed up blood		<input checked="" type="checkbox"/>		Have vision in both eyes			
	<input checked="" type="checkbox"/>	Bled excessively after injury or tooth extraction			<input checked="" type="checkbox"/>	Wear a hearing aid			
	<input checked="" type="checkbox"/>	Attempted suicide			<input checked="" type="checkbox"/>	Stutter or stammer habitually			
	<input checked="" type="checkbox"/>	Been a sleepwalker			<input checked="" type="checkbox"/>	Wear a brace or back support			
11 HAVE YOU EVER HAD OR HAVE YOU NOW (Please check at left of each item)									
YES	NO	DON'T KNOW	(Check each item)		YES	NO	DON'T KNOW	(Check each item)	
<input checked="" type="checkbox"/>			Scarlet fever, erysipelas			<input checked="" type="checkbox"/>		"Trick" or locked knee	
	<input checked="" type="checkbox"/>		Rheumatic fever			<input checked="" type="checkbox"/>		Foot trouble	
	<input checked="" type="checkbox"/>		Swollen or painful joints			<input checked="" type="checkbox"/>		Neuritis	
	<input checked="" type="checkbox"/>		Frequent or severe headache			<input checked="" type="checkbox"/>		Paralysis (include infantile)	
	<input checked="" type="checkbox"/>		Dizziness or fainting spells			<input checked="" type="checkbox"/>		Epilepsy or fits	
	<input checked="" type="checkbox"/>		Eye trouble			<input checked="" type="checkbox"/>		Car, train, sea or air sickness	
	<input checked="" type="checkbox"/>		Ear, nose, or throat trouble			<input checked="" type="checkbox"/>		Frequent trouble sleeping	
<input checked="" type="checkbox"/>			Hearing loss			<input checked="" type="checkbox"/>		Depression or excessive worry	
	<input checked="" type="checkbox"/>		Chronic or frequent colds			<input checked="" type="checkbox"/>		Loss of memory or amnesia	
	<input checked="" type="checkbox"/>		Severe tooth or gum trouble			<input checked="" type="checkbox"/>		Nervous trouble of any sort	
<input checked="" type="checkbox"/>			Sinusitis			<input checked="" type="checkbox"/>		Periods of unconsciousness	
	<input checked="" type="checkbox"/>		Hay Fever						
	<input checked="" type="checkbox"/>		Head injury						
	<input checked="" type="checkbox"/>		Skin diseases						
	<input checked="" type="checkbox"/>		Thyroid trouble						
	<input checked="" type="checkbox"/>		Tuberculosis						
	<input checked="" type="checkbox"/>		Asthma						
	<input checked="" type="checkbox"/>		Shortness of breath		<input checked="" type="checkbox"/>				
	<input checked="" type="checkbox"/>		Pain or pressure in chest						
	<input checked="" type="checkbox"/>		Chronic cough						
	<input checked="" type="checkbox"/>		Palpitation or pounding heart						
	<input checked="" type="checkbox"/>		Heart trouble						
	<input checked="" type="checkbox"/>		High or low blood pressure						
13 WHAT IS YOUR USUAL OCCUPATION? SPECIAL AGENT					14 ARE YOU (Check one) <input checked="" type="checkbox"/> Right handed <input type="checkbox"/> Left handed				

YES	NO	CHECK EACH ITEM YES OR NO EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
✓		15 Have you been refused employment or been unable to hold a job or stay in school because of A Sensitivity to chemicals, dust, sun light, etc
✓		B Inability to perform certain motions
✓		C Inability to assume certain positions
✓		D Other medical reasons (If yes give reasons)
✓		16 Have you ever been treated for a mental condition? (If yes, specify when, where, and give details)
✓		17 Have you ever been denied life insurance? (If yes, state reason and give details)
✓		18 Have you had, or have you been advised to have, any operations? (If yes describe and give age at which occurred)
✓		19 Have you ever been a patient in any type of hospitals? (If yes, specify when, where, why, and name of doctor and complete address of hospital)
✓		20 Have you ever had any illness or injury other than those already noted? (If yes, specify when where, and give details)
✓		21 Have you consulted or been treated by clinics physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (If yes, give complete address of doctor, hospital, clinic and details)
✓		22 Have you ever been rejected for military service because of physical, mental, or other reasons? (If yes, give date and reason for rejection)
✓		23 Have you ever been discharged from military service because of physical, mental, or other reasons? (If yes give date, reason, and type of discharge whether honorable, other than honorable, for unfitness or unsuitability)
✓		24 Have you ever received, is there pending or have you applied for pension or compensation for existing disability? (If yes specify what kind, granted by whom, and what amount, when, why)
<p style="margin: 0;">I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge</p> <p style="margin: 0;">I authorize any of the doctors, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record for purposes of processing my application for this employment or service</p>		
TYPED OR PRINTED NAME OF EXAMINEE <div style="font-size: 1.2em; font-family: cursive;">WILLIAM J. ROEMER</div>		SIGNATURE <div style="font-size: 1.2em; font-family: cursive;">William J. Roemer</div>
NOTE HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY" 25 Physician's summary and elaboration of all pertinent data (Physician shall comment on all positive answers in items 9 through 24. Physician may develop by interview any additional medical history he deems important, and record any significant findings here)		
TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER <div style="font-weight: bold;">JULIA ? BASARANLAR, M.D.</div>		DATE <div style="font-weight: bold;">9/12/77</div>
SIGNATURE		NUMBER OF ATTACHED SHEETS

1955 MEADOWBROOK HOSPITAL
E. MEADOW, L.I., N.Y.
POLIO - DANIEL MCCARTHY, M.D.



Patient's Name

Reg. #

Previous ECG 7/30/76

Age 55 Sex M Ht 6" Wt 173 B.P. 120/80

Diagnosis and Medications.

Dr. Borciada

9 12 77 M. D.

DATE 12 SEP 1977

HSM-11 (1)
12 SEP 1977275 311
GPO 958 759
ROITER WILLIAM J
FLIP 3 5 22 M

INTERPRETATION

Nsk
RBBB

? old Infarct wall MI

..... [Signature]

M D

USPHS OUTPATIENT CLINIC
245 WEST 100TH STREET
NEW YORK, NEW YORK 10024

W 2/2

JEROME D. NATARO, M.D., F.A.C.S.
PRACTICE LIMITED TO EAR, NOSE AND THROAT
42 BLUEGRASS LANE
LEVITTOWN, N.Y. 11756
TELEPHONE 731-6644

October 27, 1977

U. S. Department of Justice
Federal Bureau of Investigation
Washington, D.C.

Re: William J. Roemer
238 Nevada Street,
Hicksville, New York 11801

Dear Sirs:

I examined the above-named patient in my office on October 24, 1977 for a hearing evaluation.

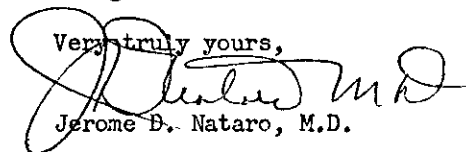
Most of his past history is non-contributory, except for the fact that he has been a firearms instructor for the Federal Bureau of Investigation for the past 17 years.

Examination was limited to the ear, nose and throat systems, and to audiometric studies. Examination of the nose revealed a deviated septum anteriorly to the right, with a dislocation of the caudal end of the septum to the left. Mouth and pharynx, larynx and both ears were normal. Tuning fork tests were Rinne-positive in both ears, and there was no lateralization on the Weber Test.

Audiometrics showed a mild-to-moderate bilateral neuro-sensori hearing loss sloping downward in the higher tones. Speech discrimination scores were 80% for the right ear, and 85% for the left ear, and the SRT level was 50 decibels for each ear.

Diagnosis: Bilateral mild-to moderate neuro-sensori hearing loss, to some extent the result of acoustic trauma. Unfortunately, this condition is irreversible since it is of a preceptive type, and no treatment is effective. However, I have suggested the use of a hearing aid in the right ear.

Very truly yours,



Jerome D. Nataro, M.D.

JDN:JL
copy of audiogram

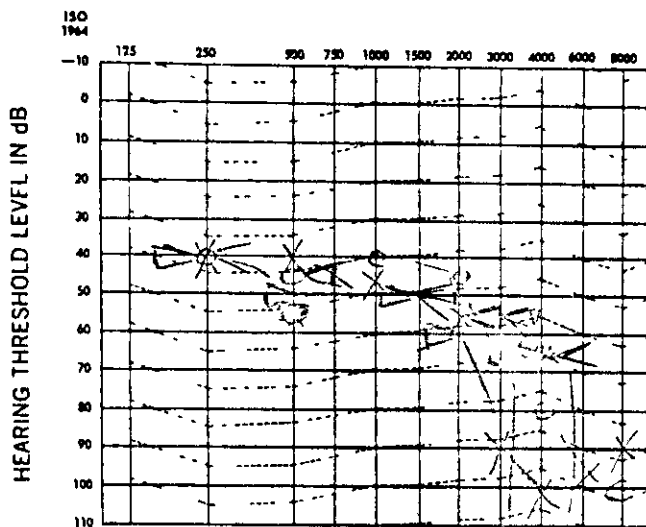
42 - Bluegrass Lane,
Levittown, New York, 11756
516 - 731-6644

JEROME D. HATARC, M.D. F.A.C.S., P.C.

222 Front Street,
Mineola, New York 11501
516-741-1119

AUDIOLOGIC EVALUATION

Name Wm. J. Roemer Sex M Age 55 Date 10-24-77
Address _____ Telephone _____ Examiner _____
Referred by _____



TEST	RIGHT EAR (RED)	LEFT EAR (BLUE)
AIR	○ ○	X-X
AIR OFF EAR MASKED	○	○
NO RESPONSE	↓	↓
BONE	<	<
BONE OFF EAR MASKED	○	○
NO RESPONSE	↓	↓
SOUND FIELD	K	

SPEECH AUDIOMETRY				
PTA	R	L	M	U
SR	50	50		
SR MASKED				
LEVEL OF MASKING				
FB				
FB MASKED	80	85		
LEVEL OF MASKING				

SISI	500	1000	2000	4000
R				
L				

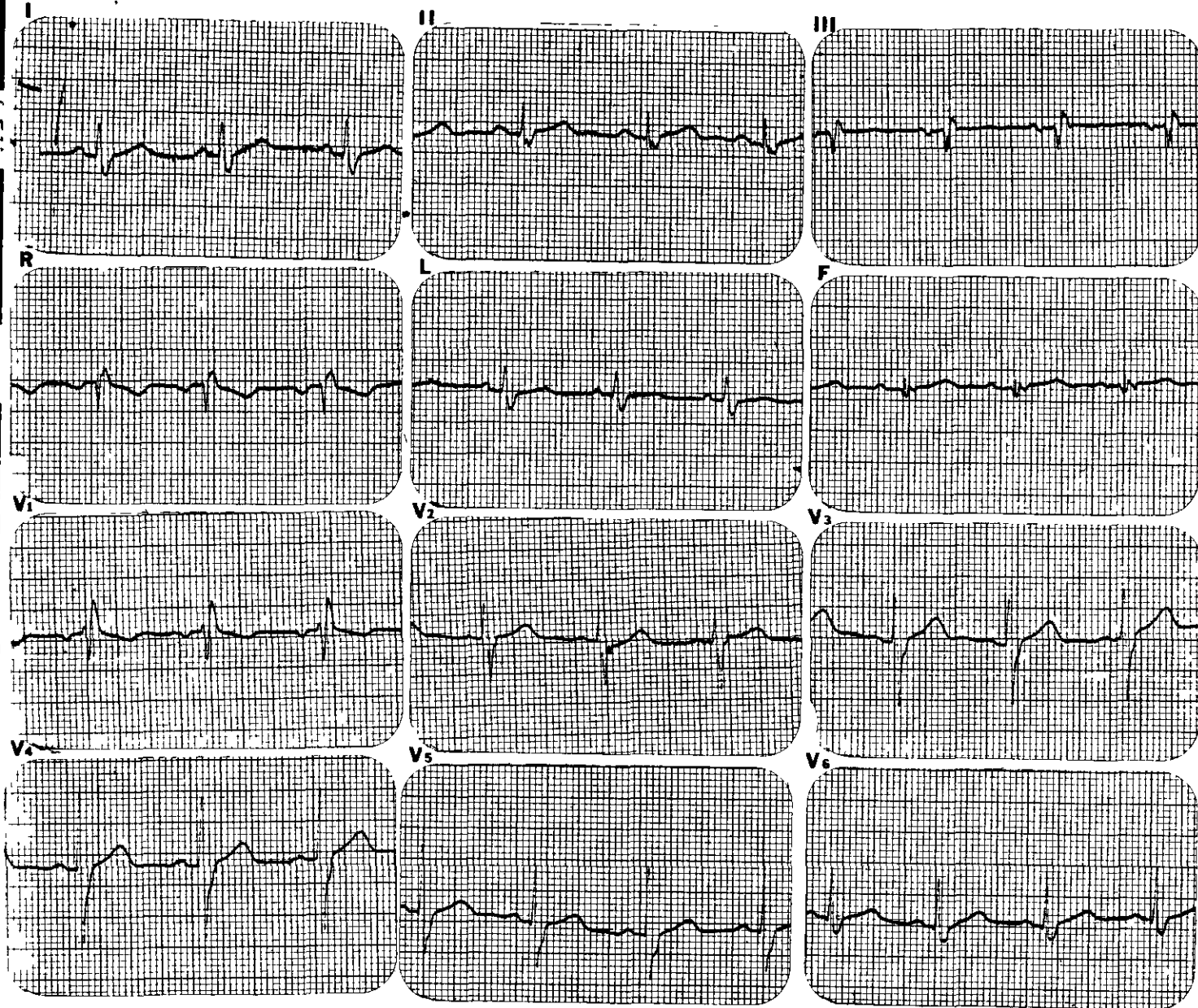
Tone Decay	500	1000	2000	4000
R				
L				

MASKING LEVELS		250	500	1000	2000	4000	8000
A C	R						
	L						
B C	R						
	L						

WEBER	R	L	M
250			
500			
1000			
2000			
4000			

COMMENTS

WJR



Patient's Name

Reg #

Previous ECG

Age 53 Sex M Ht 6" Wt 205 B P. 150/94

Diagnosis and Medications:

5 25 75

Ochia M.D.

273 311 DATE

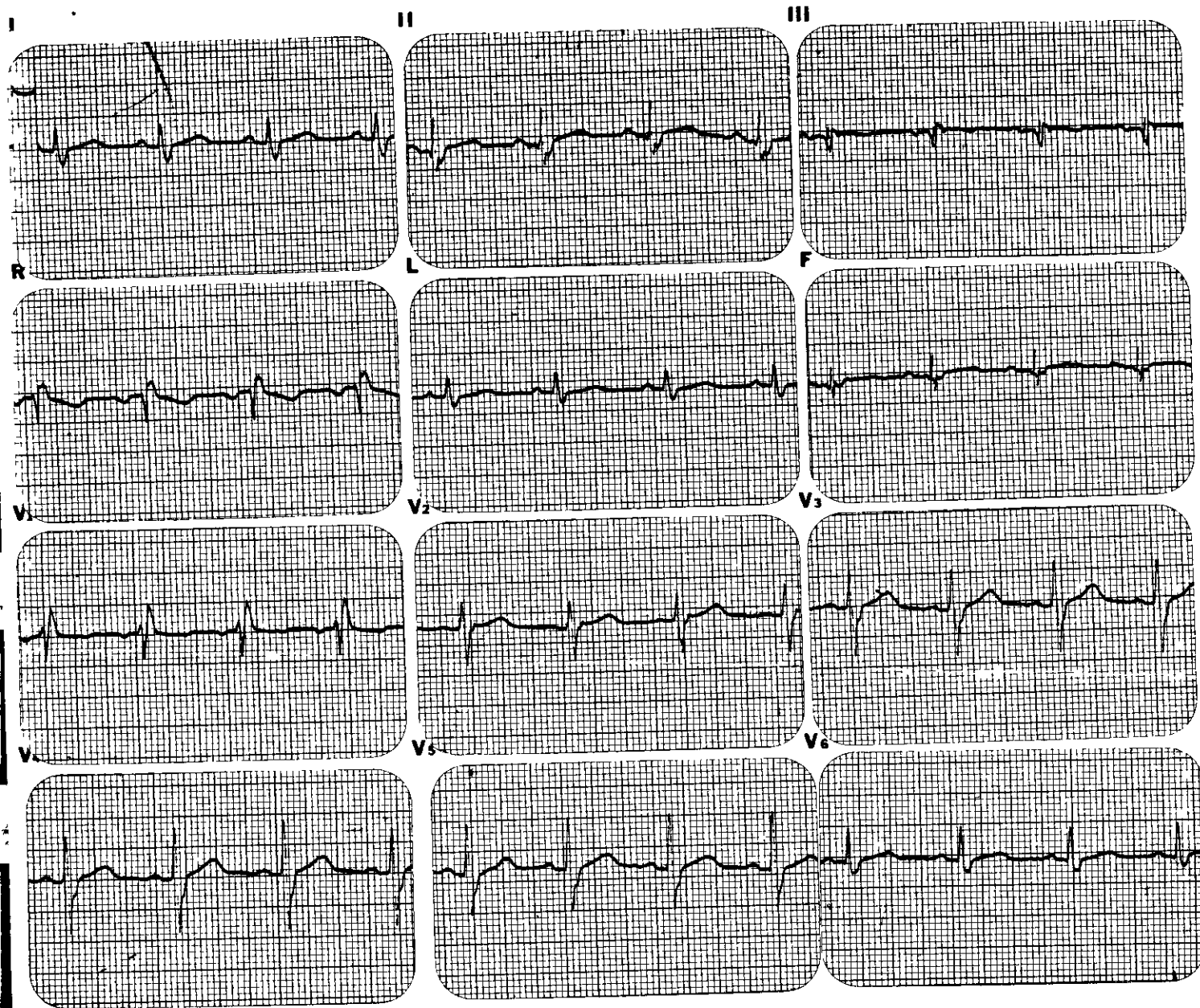
ROBERT WILLIAM J
FEB 3 1975

INTERPRETATION

RBBB

Ma A

M D



Patient's Name

Reg. #

Previous ECG

Age 52 Sex M Ht 6" Wt 212 B.P. 140/90

Diagnosis and Medications

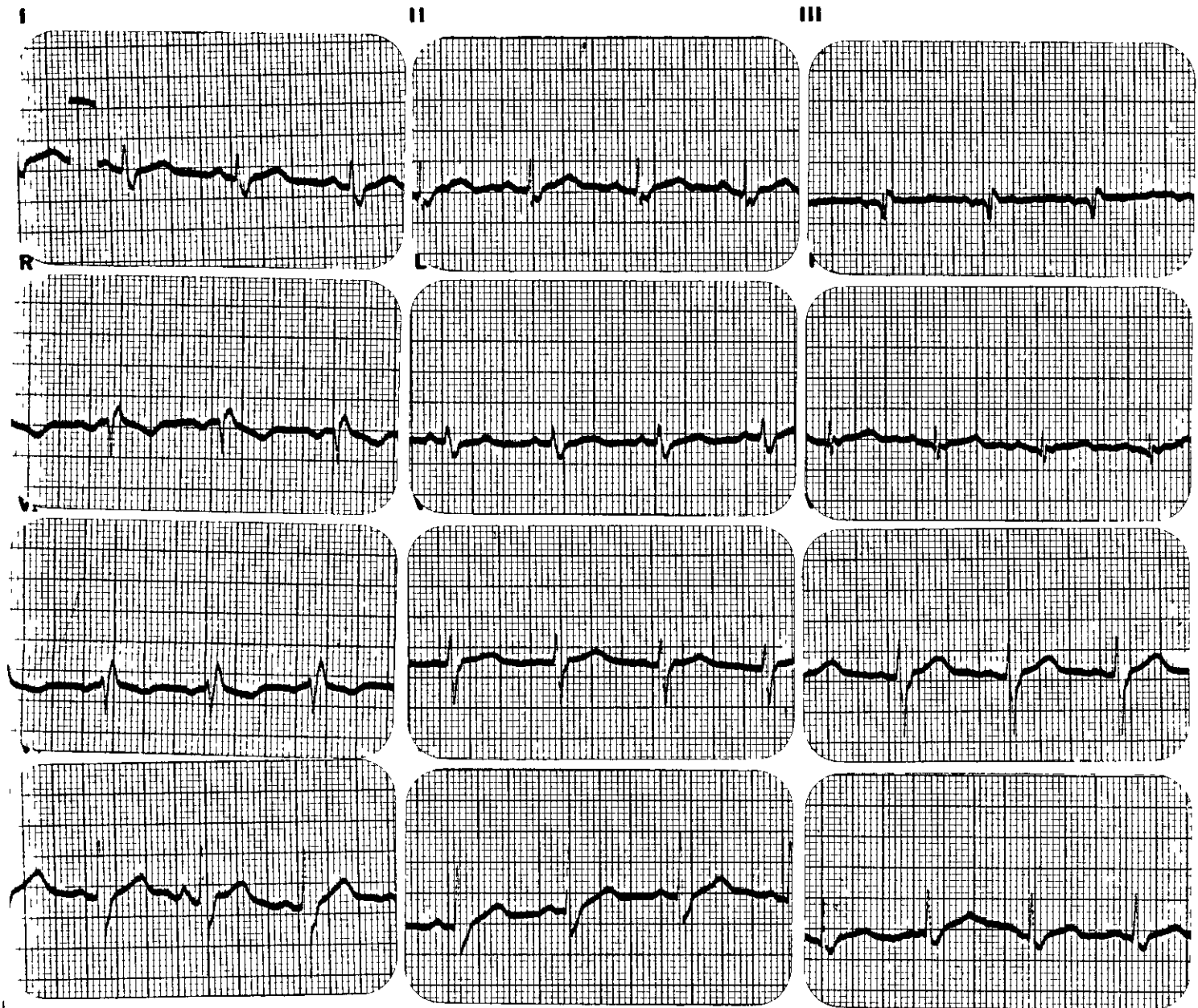
U. S. 74 *William J. Hoerner* M.D.
DATE 8/17/74

273 311

HOERNER WILLIAM J

INTERPRETATION

microplate RBBB... *Cauley* M.D.



Patient's Name

Reg #

Age 51 Sex M Ht. 6' Wt. 204 B P. 130/100

Diagnosis and Medications:

Previous ECG

INTERPRETATION

NSR
RBBB

M. D.

273 DATE 1 6-7-73

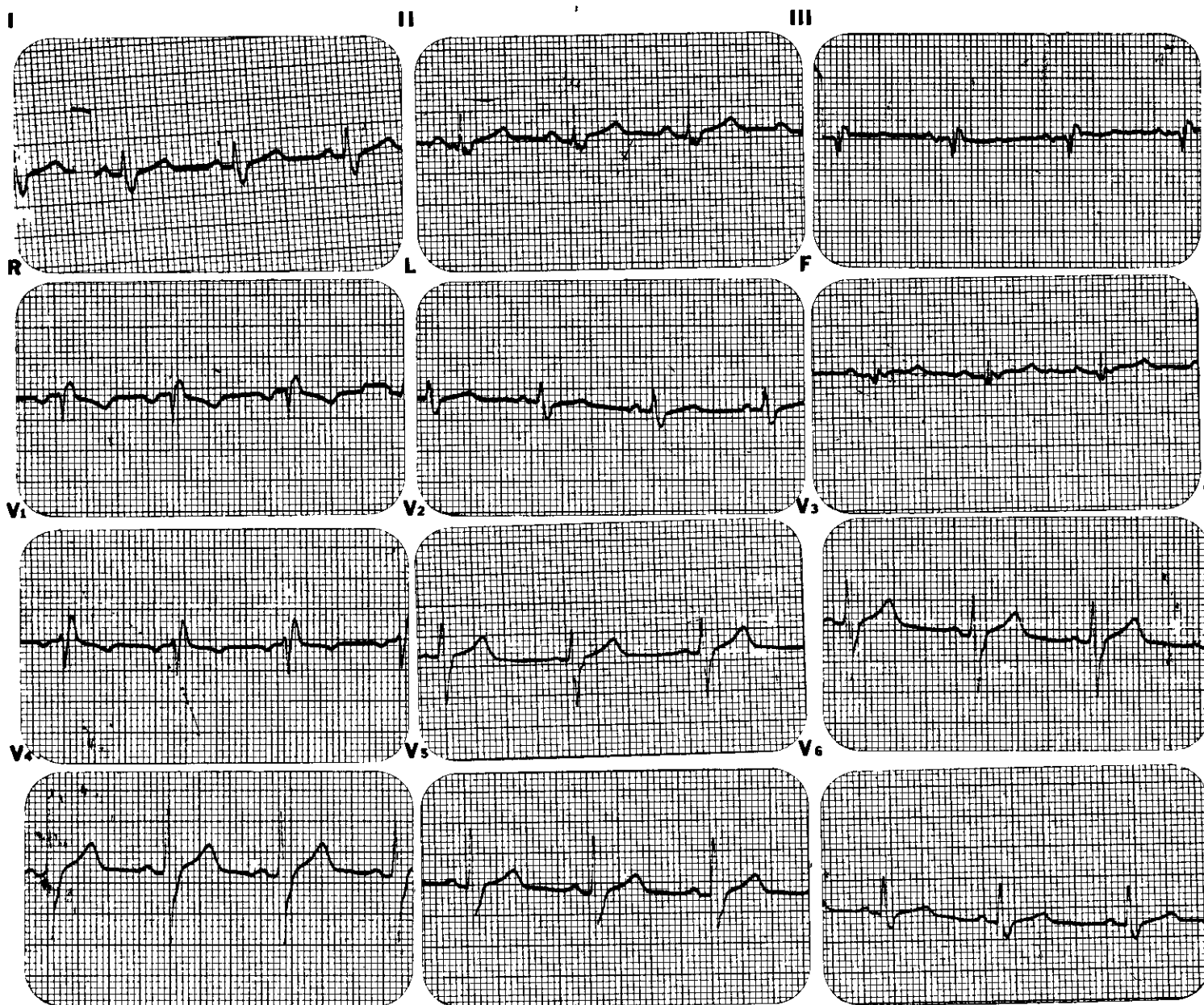
ROEMER WILLIAM
FEEP 3 5 22 M

M. D.

ELECTROCARDIOGRAPHIC RECORD

USPHS OUTPATIENT CLINIC

NEW YORK, NEW YORK



Patient's Name

Reg. #

Age 50 Sex M Ht 71 1/2 Wt. 194 B P. 124/80

Diagnosis and Medications.

DATE

6-2-72

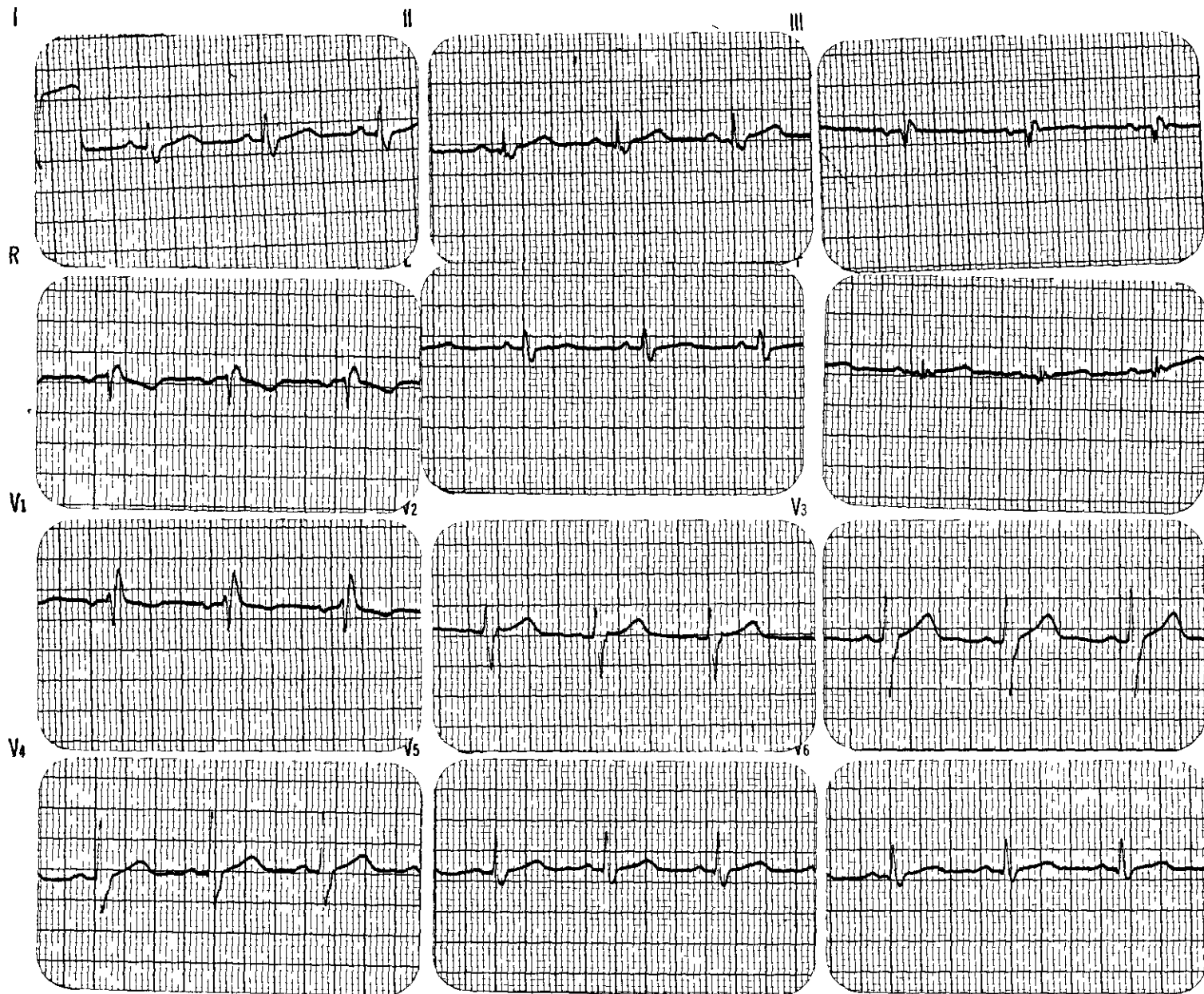
273 311

INTERPRETATION

RBR

RBBB

W 8



Patient's Name

William Roemer

Reg. #

273 311

Previous ECG

yes

Age

54

Sex

M

Ht.

5'11"

Wt.

210

B.P.

150/100

Diagnosis and Medications.

INTERPRETATION

NSR

RBBB

Old MI cannot be
ruled out

NSC

M.D.

7 30 76

M.D.

DATE

273 311

UNITED STATES GOVERNMENT

Memorandum

TO : Director, FBI

DATE: 7/24/78

FROM : SAC, PHOENIX

SUBJECT: WILLIAM F. ROEMER, JR.

(Employee's present payroll name)

PHOENIX

(Division)

PAYROLL NAME (List as desired on payroll)

ADDRESS AND TELEPHONE CHANGE

Present telephone number (city)

(602) 743-0092

3001 Camino Camelia Tucson Ariz. 85705

☒ FD-310 enclosed

Local address - (Number Street City State (zip code))

THE FOLLOWING MUST BE EXECUTED IN REPORTING MARRIAGES OR BIRTHS

MARITAL STATUS

Married to - Show full (maiden) name of spouse

Date and place of marriage

FD-310 enclosed ☐ Yes ☐ NoIs spouse a Bureau employee? ☐ Yes ☐ NoEmployee has been reminded that all requests made by persons outside the FBI for information of any kind in the files of the FBI must be denied. This includes requests made by relatives or any relatives acquired by marriage. ☐ Yes

If you have previously filed any designation of beneficiary forms, it will be necessary for you to execute new forms in the event you now desire to cancel or alter prior designations.

NAME, ADDRESS, AND TELEPHONE NUMBER OF PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

BIRTHS

Girl named

Boy named

Born on

Birthplace

To employee and (Name of spouse, including middle and maiden name for females.)

This is their _____ child

(Female Employees Only) Current address to which correspondence should be sent

Enc. 1

1 - Bureau

1 - Phoenix

IMG/rfb

421.1

4 1978

THREE

FBI/DOJ

FD 310 - ENCLOSED DETACHED AND MAILED SEPARATELY

NOT RECORDED

REPORT OF MEDICAL EXAMINATION

1 LAST NAME—FIRST NAME—MIDDLE NAME ROEMER, WILLIAM FRANCIS, JR.			2 GRADE AND COMPONENT OR POSITION FBI Agent		6 DATE OF EXAMINATION 27 Jul 78	
HOME ADDRESS (Number, street or RFD, city or town, State and ZIP Code) 3001 Camino Camelia Tucson, AZ 85705			5 PURPOSE OF EXAMINATION Annual			
7 SEX Male	8 RACE Caucasian	9 TOTAL YEARS GOVERNMENT SERVICE MILITARY 2 CIVILIAN 28		10 AGENCY DJ	11 ORGANIZATION UNIT -	
12 DATE OF BIRTH 16 Jun 26(52)		13 PLACE OF BIRTH South Bend, Indiana				
15 EXAMINING FACILITY OR EXAMINER AND ADDRESS USAF Hosp (TAC), Davis-Monthan AFB, AZ 85707				16 OTHER INFORMATION -		
17 RATING OR SPECIALTY -				TIME IN THIS CAPACITY (Total) -		LAST SIX MONTHS -

NOR- MAL	CLINICAL EVALUATION (Check each item in appropriate column, enter NE if not evaluated)	ABNOR- MAL
<input checked="" type="checkbox"/>	18 HEAD FACE, NECK, AND SCALP	
<input checked="" type="checkbox"/>	19 NOSE	
<input checked="" type="checkbox"/>	20 SINUSES	
<input checked="" type="checkbox"/>	21 MOUTH AND THROAT	
<input checked="" type="checkbox"/>	22 EARS—GENERAL (Ind. & ext. canals) (Auditory acuity under items 70 and 71)	
<input checked="" type="checkbox"/>	23 DRUMS (Perforation)	
<input checked="" type="checkbox"/>	24 EYES—GENERAL (Visual acuity and refraction under items 59, 60 and 67)	
<input checked="" type="checkbox"/>	25 OPHTHALMOSCOPIC	
<input checked="" type="checkbox"/>	26 PUPILS (Equality and reaction)	
<input checked="" type="checkbox"/>	27 OCULAR MOTILITY (Associated parallel movements nystagmus)	
<input checked="" type="checkbox"/>	28 LUNGS AND CHEST (Include breasts)	
<input checked="" type="checkbox"/>	29 HEART (Thrust, size, rhythm sounds)	
<input checked="" type="checkbox"/>	30 VASCULAR SYSTEM (Varicosities, etc.)	
<input checked="" type="checkbox"/>	31 ABDOMEN AND VISCERA (Include hernia)	
<input checked="" type="checkbox"/>	32 ANUS AND RECTUM (Hemorrhoids fistulae Prostate if indicated)	
<input checked="" type="checkbox"/>	33 ENDOCRINE SYSTEM	
<input checked="" type="checkbox"/>	34 G-U SYSTEM	
<input checked="" type="checkbox"/>	35 UPPER EXTREMITIES (Strength range of motion)	
<input checked="" type="checkbox"/>	36 FEET	
<input checked="" type="checkbox"/>	37 LOWER EXTREMITIES (Except feet) (Strength range of motion)	
<input checked="" type="checkbox"/>	38 SPINE, OTHER MUSCULOSKELETAL	
<input checked="" type="checkbox"/>	39 IDENTIFYING BODY MARKS, SCARS TATTOOS	
	40 SKIN, LYMPHATICS	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	41 NEUROLOGIC (Equilibrium tests under item 72)	
<input checked="" type="checkbox"/>	42 PSYCHIATRIC (Specify any personality deviation)	
	43 PELVIC (Females only) (Check how done)	
	<input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL	

NOTES (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

23. Valsalva normal bilaterally.

31. No hernia.

40. Small sebaceous cyst under right arm at mid axillary line; asymptomatic.

(Continue in item 73)

44 DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth)																		REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES																																																																																															
<table border="0"><tr><td>0</td><td>/</td><td colspan="2">Non-restorable</td><td>X</td><td colspan="2">X X X</td><td>Replaced</td><td>(X)</td><td>Fixed</td></tr><tr><td>1 2 3</td><td>Restorable</td><td>1 2 3</td><td>teeth</td><td>1 2 3</td><td>Missing</td><td>1 2 3</td><td>by</td><td>1 2 3</td><td>Partial</td></tr><tr><td>32 31 30</td><td></td><td>32 31 30</td><td></td><td>32 31 30</td><td>teeth</td><td>32 31 30</td><td>dentures</td><td>32 31 30</td><td>dentures</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>R</td><td>X</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>X L</td></tr><tr><td>I</td><td></td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>16 E</td></tr><tr><td>G</td><td>32</td><td>31</td><td>30</td><td>29</td><td>28</td><td>27</td><td>26</td><td>25</td><td>17 F</td></tr><tr><td>H</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>T</td><td>X</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>X T</td></tr></table>																		0	/	Non-restorable		X	X X X		Replaced	(X)	Fixed	1 2 3	Restorable	1 2 3	teeth	1 2 3	Missing	1 2 3	by	1 2 3	Partial	32 31 30		32 31 30		32 31 30	teeth	32 31 30	dentures	32 31 30	dentures											R	X								X L	I		2	3	4	5	6	7	8	16 E	G	32	31	30	29	28	27	26	25	17 F	H										T	X								X T	Type 3 Class B					
0	/	Non-restorable		X	X X X		Replaced	(X)	Fixed																																																																																																								
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H																																																																																																																	
T	X								X T																																																																																																								

LABORATORY FINDINGS

45 URINALYSIS A SPECIFIC GRAVITY 1.017		46 CHEST X-RAY (Place, date, film number and result) 14x17 Film #78-4440		27 Jul 78	
B ALBUMIN Neg		D MICROSCOPIC		USAF Hosp, DMAFB, AZ	
C SUGAR Neg		48 EKG Normal		50. OTHER TESTS Hematocrit 41 Vol %	
47 SEROLOGY (Specify test used and result) RPR-Nonreactive		49 BLOOD TYPE AND RH B+ Pos		Cholesterol 176	
				Triglycerides 139	

SEP 19 1978

MEASUREMENTS AND OTHER FINDINGS

51 HEIGHT 73	52 WEIGHT 209	53 COLOR HAIR Brown	54 COLOR EYES Blue	55 BUILD (Check one)	SLENDER	MEDIUM	HEAVY X	OBESE	56 TEMPERATURE —	
57 BLOOD PRESSURE (Arm at heart level)					58 PULSE (Arm at heart level)					
A SITTING SYS 138 DIAS. 80	B RECUM-BENT SYS 140 DIAS 82	C STANDING (3 min) SYS 140 DIAS 78	A SITTING 60	B AFTER EXERCISE 100	C 2 MIN AFTER 62	D RECUMBENT 58	E AFTER STANDING 3 MIN 60			
59 DISTANT VISION			60 REFRACTION By lens			61 NEAR VISION				
RIGHT 20/ 50 CORR TO 20/ 20			BY -1.25 S sph CX —			20/50 CORR TO 20/50 BY same				
LEFT 20/ 100 CORR TO 20/ 25			BY -1.00 S -0.50 CX 180			20/40 CORR TO 20/40 BY "				
62 HETEROPHORIA (Specify distance)										
ES° —	EX° —	R H. —	L H. —	PRISM DIV —	PREVIOUS CT Ortho		PC —	PD —		
63 ACCOMMODATION			64 COLOR VISION (Test used and result)			65 DEPTH PERCEPTION (Test used and score)		UNCORRECTED —		
RIGHT — LEFT —			VTS-CV Passes			—		CORRECTED —		
66 FIELD OF VISION Confrontation normal			67 NIGHT VISION (Test used and score) NIBH			68 RED LENS TEST —		69 INTRAOCULAR TENSION OD 21.0, OS 21.0		
70 HEARING			71 Rudmose AUDIOMETER ANSI 1969						72 PSYCHOLOGICAL AND PSYCHOMOTOR (Test used and score)	
RIGHT WV — /15 SV — /15			250 256	500 512	1000 1024	2000 2048	3000 2896	4000 4096	6000 6144	8000 8192
LEFT WV — /15 SV — /15			RIGHT —	5	5	5	20	40	80	—
			LEFT —	15	5	5	35	45	60	—
73 NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY										

No significant interval history.

(Use additional sheets if necessary)

- 74 SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)
- 44 - Dental defect.
 - 59 - Defective vision, OU.
 - 61 - Defective vision, OU.
 - 71 - Moderate high frequency hearing loss, AU.

75 RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

Correction of dental defect.
Optometry appointment

77 EXAMINEE (Check)

- A ☐ IS QUALIFIED FOR
B ☐ IS NOT QUALIFIED FOR

78 IF NOT QUALIFIED LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

76 A PHYSICAL PROFILE

P	U	L	H	E	S

B PHYSICAL CATEGORY

A	B	C	E

81 TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)

82 TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

SIGNATURE

NUMBER OF AT-TACHED SHEETS

**Attachment to Standard Form 88, Report of Medical Examination
For Information and Guidance of Medical Examiner**

Name of Examinee ROEMER WILLIAM FRANCIS JR
(Type or print) Last First Middle

The following portions of the attached examination report form need not be completed

3	9	17	67	76
4	11	62	68	
8	14	65	72	

- 45, 46, 47 and 49, required for all Special Agent and FBI National Academy applicants but not for any other applicant unless the examining physician deems one, two, three or all four of the examinations necessary 45, 46 and 47 are required in examination of any current employee
48. Required for (1) all Special Agent applicants, (2) all FBI National Academy applicants, (3) all examinees over 35 years of age, (4) any other where examination indicates such as desirable.
69. Required for all examinees over 40 years of age.
71. Audiometer examinations must be afforded for all Special Agent applicants and Special Agents and decibel readings must be recorded at 500, 1000, 2000, 3000 and 4000 Hertz. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 25 decibel average (ANSI) in either ear in the frequency range 1000, 2000, and 3000 Hertz. No single reading in that range may exceed 35 decibels and no applicant will be accepted if found to have a hearing loss exceeding 35 decibels at 500 or 45 decibels at 4000 Hertz.

For All Examinees, Whether Clerical or Special Agent Applicants, National Academy Applicants, or Employees:

The medical examiner should answer the following question

Examinee ☒ is ☐ is not qualified for strenuous physical exertion

To be Answered in the Case of All Special Agents, Special Agent Applicants, and National Academy Applicants:

1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

☒ No ☐ Yes If "yes" please specify defects. _____

To be Answered in the Case of All Special Agents, Special Agent Applicants, and other Employees who drive Bureau vehicles:

- 1 Does examinee have any defects prohibiting safe operation of motor vehicles?

☒ No ☐ Yes If "yes" please specify defects. _____

- 2 For safe driving of motor vehicles, Civil Service Commission requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle? ☒ Yes, ☐ No
If recommendation is based on a factor other than above standard, indicate basis _____

67-447328-164

MAIL ROOM
ADMINISTRATIVE SERVICES
DESIRABLE WEIGHT RANGES
DIVISION

MALES				FEMALES			
Height	Small Frame	Medium Frame	Large Frame	Height	Small Frame	Medium Frame	Large Frame
5'4"	117 - 138	123 - 149	131 - 163	5'0"	96 - 114	101 - 124	109 - 138
5'5"	120 - 142	126 - 153	134 - 167	5'1"	99 - 118	104 - 128	112 - 141
5'6"	124 - 146	130 - 157	138 - 173	5'2"	102 - 121	107 - 131	115 - 144
5'7"	128 - 151	134 - 163	143 - 178	5'3"	105 - 124	110 - 135	118 - 149
5'8"	132 - 155	138 - 167	147 - 183	5'4"	108 - 128	113 - 139	121 - 152
5'9"	136 - 161	142 - 172	151 - 187	5'5"	111 - 132	117 - 144	125 - 156
5'10"	140 - 165	146 - 177	155 - 193	5'6"	114 - 135	120 - 149	129 - 161
5'11"	144 - 169	150 - 183	160 - 198	5'7"	118 - 140	124 - 153	133 - 165
6'	148 - 174	154 - 188	164 - 204	5'8"	122 - 144	128 - 157	137 - 169
6'1"	152 - 179	158 - 194	169 - 209	5'9"	126 - 149	132 - 162	141 - 174
6'2"	156 - 184	163 - 199	174 - 215	5'10"	130 - 154	136 - 166	145 - 179
6'3"	160 - 188	168 - 205	178 - 220	5'11"	134 - 158	140 - 171	149 - 185
6'4"	169 - 198	178 - 216	188 - 231	6'0"	138 - 163	144 - 175	153 - 190
6'5"	174 - 204	182 - 222	192 - 238				

4. Examinee's frame is ☐ small ☐ medium ☒ large

5. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight ☒ Satisfactory ☐ Excessive ☐ Deficient

6. Under proper medical supervision, employee should ☐ lose _____ pounds
☐ gain _____ pounds

Remarks _____ b6



USAF Hosp/SGP, Davis-Monthan AFB, AZ 85707
 27 July 1978

Date

UNITED STATES GOVERNMENT

Memorandum

TO : Director, FBI

DATE 9/8/78

FROM : SAC, PHOENIX (67-8231)

Attention: Personnel Section

SUBJECT: WILLIAM F. ROEMER
SPECIAL AGENT
PHOENIX DIVISION☐ Remylet _____
☐ ReBulet _____☒ Re physical examination 7/27/78☐ Dental work was completed on _____☐ Vision has been corrected to _____

Employee specifically instructed

_____ by _____ that he can operate a Bureau car
(date) (name of person giving instruction)
only when wearing the necessary glasses☐ Results of ☐ chest X ray ☐ patch test ☐ urinalysis ☐ serology were negative☐ Enclosed physician's statement indicates employee is ☐ Qualified for strenuous physical exertion and use of
firearms, ☐ Qualified for firearms, exclusive of defensive tactics SAC concurs, ☐ Yes ☐ No If answered
no, explain under remarks☐ Future participation in firearms is remote and weapon will be returned to the Bureau☐ Enclosed are ☐ paid ☐ unpaid medical bills☐ Attached are Bureau of Employees' Compensation forms _____☒ Physical examination reports are enclosed☐ Employee is scheduled for physical examination on _____☒ Physical examination report has been reviewed and initialed☐ Employee returned to active duty _____☐ Employee's physical condition is _____☐ UACB he is being removed from limited duty☐ UACB he is being placed on limited duty

If employee is a Resident Agent, is there a sufficient amount of nonarduous work available to keep him fully occupied and are sufficient agents available to handle emergency assignments ☐ Yes ☐ No If answer is no, separately and immediately submit your recommendation for the return of this agent to headquarters city

Remarks

SA ROEMER advised dental work has been taken care of as of 9/7/78, by Dr. J. RAY ROKEY, Tucson. He also advised he has contacted an ophthalmologist, Dr. ANDREW LEWICKY, who advised that the problem is of no significance.

1 - Bureau (Encs. 2)
1 - Phoenix

WFR:dpt (2)

Enclosure
1 SEP 19 1978

SPECIAL AGENT ATTORNEYS
BACKGROUND DATA SHEET

DATE 2/16/79

NAME (OFFICIAL BUREAU)

ROEMER
(LAST)

WILLIAM
(FIRST)

F. Jr.
(INITIAL)

EOD 9/25/50

DOB 6/16/26

GRADE GS-13

ASSIGNMENTS

OFFICE OF ASSIGNMENT PHOENIX

OFFICE OF PREFERENCE PHOENIX

ARE YOU A PRINCIPAL LEGAL ADVISOR (PLA)? YES _____ NO X

YEAR DESIGNATED PLA: _____

ARE YOU CURRENTLY AN ACTIVE LEGAL ADVISOR (LA)? YES _____ NO X

YEAR DESIGNATED LA: _____

PRESENT ASSIGNMENT (E.G., ORGANIZED CRIME, FOREIGN

COUNTERINTELLIGENCE, ETC.): ORGANIZED CRIME

ARE YOU A SUPERVISOR? YES _____ NO X

ARE YOU A RELIEF SUPERVISOR? YES _____ NO X

NUMBER OF YEARS SUPERVISOR? _____ OR RELIEF? _____

HAVE YOU COMPLETED THE MANAGEMENT APTITUDE PROGRAM (MAP)? YES _____ NO X

ARE YOU AVAILABLE FOR ADMINISTRATIVE ADVANCEMENT? YES _____ NO X

EDUCATION:

UNDERGRADUATE SCHOOL NOTRE DAME

DEGREE/YEAR _____

GRADUATE SCHOOL _____

DEGREE/YEAR _____

LAW SCHOOL NOTRE DAME

DEGREE/YEAR J.D./1950

MEMBER OF BAR? YES X NO _____

JURISDICTION(S) INDIANA; U. S. SUPREME COURT

NOT RECORDED

*See Outgoing
2-8-79
Albany FO*

EXPERIENCE:

LEGAL RESEARCH

YES _____ NO X

LEGAL WRITING (LAW REVIEW, ETC.)

YES _____ NO X

LEGISLATIVE (CONGRESSIONAL STAFF, ETC.)

YES NO X

JUDICIAL (CLERK FOR JUDGE, MAGISTRATE, ETC.)

YES _____ NO X

TEACHING (LEGAL OR ANY OTHER)

YES _____ NO X _____

PUBLIC SPEAKING

YES_____ NO X_____

DETAILS (EXPLAIN EXPERIENCE DESCRIBED ABOVE): _____

[illegible]

Field Firearms Training Record
FD-40 (Rev. 11-2-75)

[illegible]

Cad
2/29

~~TWO~~ pl

NOT RECORDED
9 JAN 27 1988
10 FEB 11 1981 46

Special Agent

Reimer William F

Field Firearms Training Record
FD-40 (Rev 10-29-71)

Roemer

Office	Date	Indoor	DA	PPC 750	PPC 150 7AC	SG #1	SG #2	SG #3	SG #4	TRC	CCC	Rifle	Misc
	Month - Day - Year												
<i>Cg</i>	12-3-73	PO 250											
<i>mu</i>	12-3-73	264											
	5-31-74		94		PO 900	✓						TC	HTS
	8-22-74		92		91.6		20						FP
<i>mu</i>	8-22-74				94.8								HR
	10-10-74		94		92								
	12-9-74	250											
<i>mu</i>	12-9-74	260											
	5/20/75		98			80				96.7			
	7/24/75		94				20			96			
<i>mu</i>	7/24/75									96			
			8			20				96.6			
										24.0			
<i>mu</i>	7/1/75												
	1/9/76	264											
		"											
	6/9/76		94							90			
	8/1/76									72	44		
	9/1/76		10										
	10/14/76		94				10			88			
	7/22/77									92	98		98/20
	2/1/77												
<i>PX</i>	6/7/78	✓				✓				92 88	✓	✓	
	11/14/78	81 83	92	94	90		80	80	92 96				
	5/15/79		82	TRC ✓			13		51.6 84	86 84			

Special Agent *Roemer, Wm. H Jr.*

Field Firearms Training Record
FD-40 (Rev 4-10-63)

Poerner, William F. Jr

Office	Date	Indoor	DA	PPC SA	PPC DA	SG #1	SG #2	SG #3	In Service		DT		
	Month - Day - Year								Rifle	MG			
	3-18-70	30											
114	3-18-70	252											
	4-15-70	250											
	5-22-70		90	88.6		100						TTS	
	7-24-70			94.0				100	74	88		FC	
114	7-24-70			90									
	10-6-70		92		93.0		18						
MU	10-6-70				94.0								
	3-10-71	250											
MU	3-10-71	252											
-	6-18-71		96		90.0		17					PC	
MU	6-18-71				90.0								
	9-20-71		98		92.4		18					DLLF	
MU	9-20-71				92.6								
	7-12-72		96		92.0		18					FC/DLLF	
	9-18-72		92		92.8			10					
MU	9-18-72				92.6								
	11-27-72	247											
	1-15-73	255											
	2-22-73	226											
	5-24-73		94	92.0		4/5						TC	TTS
	6-21-73		96		94.2		16					PC	FC
	7-20-73		92		92 ^{PO}			90					
	9-18-73		90	90 ^P			16						
MU	9-18-73			90 ^{PO}									

Special Agent

Poerner, William F. Jr

Field Firearms Training Record
FD-40 (Rev. 4-10-63)

Roemer, William F. Jr

Office	Date		Indoor	DA	PPC SA	PPC DA	SG #1	SG #2	SG #3	In Service		DT		
	Month-Day-Year									Rifle	MG			
Cy.	9-22-65					92								
	11-17-65	250												
	12-9-65	262												
MU	6-21-66			96		94	18					✓	Disc	
	6-21-66					92								
	9-20-66	mn				92								
	9-20-66			98		92	496				96	✓	BA-D+LL ut	
MU	3-21-67	241												
MU	3-21-67	246												
	3-21-67	230												
MU	6-23-67	100				90/91	25							
	6-23-67			100										taking FP " type spec. PC+FC
	7-25-67			150	91.6				#4/100					
	10-10-67			94		90						✓		
MU	2-14-68	260												
	2-14-68	255												
In Ser.	5-20-68							29/25		90	90			
	5-31-68													
	7-17-68			96	92.0				#4/100				PC+FC	
MU	7-17-68					91.6								
	10-10-68			98		91								
	12-14-68	252												
MU	12-19-68	254												
	7-22-69			98	94.0				#4/80		100		PC+FC	
MU	7-22-69				92.0									
	9-19-69			96		92.8	19						UV+DLF	
MU	9-19-69					90.8								
	1-14-70	240												

Special Agent

Roemer, Wm

Field Firearms Training Record
FD-40 (Rev. 12-11-59)

Special Agent

Office	Date	Indoor	DA	PPC SA	PPC DA	SG #1	SG #2	SG #3	In Service		DT	MIS	TZ
	Day-Month-Year								Rifle	MG			
	26-2-62	238											
	26-2-62	234											
	21-5-62		100	91				100				RD ✓	✓
	19-6-62		98		92		2 1/2					TR ✓	✓
	19-7-62		98	94.4				100				Search ✓	✓
	20-9-62		98		99		1 1/2					Armor ✓	✓
	8-2-63	245											
	8-2-63	260											
	10-4-63	240											
	10-4-63	251											
MH MGR	20-6-63		98	90		100						RD ✓	✓
	20-6-63		92		94		2 1/2					Dar ✓	✓
	24-9-63		94		93.6		2 3/4					Armor ✓	✓
	24-9-63 July mil		100	97				100				Punches ✓	✓
	7-10-63 En Ser.						1 1/2		95	100			
	18-10-63												
	18-11-63	264											
	14-2-64	260											
MU	14-2-64	258											
	Mo. Day Yr. 6-19-64		94	92.4		1 1/2							
	9-10-64		98		92		✓						
	12/15/64	270											
MH	3-16-65	260											
	3-16-65	256											
MH	6-17-65				92.2								
	6-17-65		96		92.6		21						
	7-22-65		98	92.8				✓					

SPECIAL AGENT

Roemer, William F Jr

FD - 40
3-25-47

[illegible]

FIELD & FARMS TRAINING RECORD

SPECIAL AGENT

ROEMER, WILLIAM F., JR.

FD-40
3-25-47

[illegible]

FIELD FIREARMS TRAINING RECORD

SPECIAL AGENT

ROEMER, WILLIAM F, JR

FD-40
3-25-47

OFFICE	Cur	MO. YR.	Double Tap/Hit HS	PPC	SG	.30	MG	GAS	RD	MPP	DT	QUALI- FIED
<i>Nyu</i>		2/53										MPP
		3/53										MPP
		JUN 53	92	88	100	82	96					
		JUL 53	98	92	14/25		96		✓			
NEW YORK		SEP 53	90	96	90		90	✓				
NEW YORK		OCT 53								✓		
										✓		
NEW YORK		JAN 54								✓		
		2/54								✓		
NEW YORK		MAR 54								✓		
NEW YORK		APR 54	95	90			90		✓		✓	
NEW YORK		MAY 54	94	86	18							
NEW YORK		JUN 54			100	82	94				✓	
NEW YORK	Course	AUG 54	96	97	25		96				✓	
Chicago		9/54	98	86	100		100					
		11/54	<i>Winter shoot</i>									
		12/54	<i>Winter shoot</i>									
<i>Indiv</i>			94	89	14/25	87	80					
		3/55	<i>Winter shoot</i>									
		5/55	100	92	100		78					✓
		6/55	92	93	14		96					
		7/55	94	88	25		90					
		9/55		86	24	✓	96	✓			✓	T.T.

SEARCHED	INDEXED
SERIAL	FILE
77	200 1054

AWR

FIELD FIREARMS TRAINING RECORD

SPECIAL AGENT

Pomer, W. E.

FD-40
3-25-47

OFFICE	MO. YR.	HS	PPC	SG	.30	MG	GAS	RD	30 R.	BULL EYE P.C.	QUALI- FIED
<u>Baltimore</u>	11/50								✓		
	12/50								✓		
	1/51								✓		
	2/51								✓		
	3/51								✓		
	4/51				90	70				✓	
	5/51	94	88	✓							
	6/51	80	87	✓		80					
	7/51	100	91	H 2		78					
<u>New Haven</u>	8/51	DA 100	92	100							
	9/51				80	70					
	10/51								✓		
	11/51								✓		
	12/51								✓		
	1/52								✓		
	2/52								✓		
	3/52								✓		
	4/52				78						
<u>St. Louis</u>	5/52	DA 90	88		81	86					
<u>New Haven</u>	5/52	100	92	✓		80					
<u>makeup</u>	5/52					94					
	6/52	100	93	90							
	7/52	100	92	✓		86					
	8/52	100	94								
	9/52	94	✓			94	✓		✓		

12/52

17 250 100

Employee

Roemer, William J.

Previous Government & Military Service

Date of Appointment

Date of Separation

Year | Mo. | Day

Year | Mo. | Day

*U.S. Post Office
December 1942
39 hours = 5 days*

U.S. Marine Corps

45 | 7 | 12 46 | 10 | 7

for file

Total Appointment & Separation Dates

Subtract Total Appointment Dates

Total Prior Service

FBI EOP

NOT RECORDED

5 MAR 2 1974

Total

Service Computation Date

Years Until Next Leave Category

Date Will Reach Next Leave Category

<i>45</i>	<i>7</i>	<i>12</i>	<i>46</i>	<i>10</i>	<i>13</i>
			<i>45</i>	<i>7</i>	<i>12</i>
			<i>1</i>	<i>3</i>	<i>1</i>
			<i>50</i>	<i>9</i>	<i>25</i>
			<i>1</i>	<i>3</i>	<i>1</i>
			<i>49</i>	<i>6</i>	<i>24</i>
			<i>3</i>		
			<i>52</i>	<i>6</i>	<i>24</i>

Date *2/22/79*

Initials *mir/ep*

3/1/79
FBI/DOJ

**NOTIFICATION OF PERSONNEL ACTION
FEDERAL BUREAU OF INVESTIGATION**

b2

1. NAME (CAPS) LAST-FIRST-MIDDLE ROEMER WILLIAM E JR		MR. - MISS - MRS.		2. (FOR AGENCY USE)		3. BIRTH DATE 06-16-26			
5. VETERAN PREFERENCE 1-NO 3-10 PT. DISAB. 5-10 PT. OTHER 2-5 PT. 4-10 PT. COMP.				6. TENURE GROUP		7. SERVICE COMP. DATE 06-24-48			
5. FEGLI 1-COVERED (Regular only-declined Optional) 2-INELIGIBLE 3-WAIVED 4-COVERED (Reg. & Opt.)				10. RETIREMENT 1-CS 3-FS 5-OTHER 2-FICA 4-NONE		11. (FOR CSC USE)			
12. CODE NATURE OF ACTION 88Z CHANGE TN 5CD				13. EFFECTIVE DATE 02-27-79		14. CIVIL SERVICE OR OTHER LEGAL AUTHORITY			
15. FROM: POSITION TITLE AND NUMBER				16. PAY PLAN AND OCCUPATION CODE		17. GRADE OR LEVEL (a) OR (b) STEP OR RATE		18. SALARY	
19. NAME AND LOCATION OF EMPLOYING OFFICE									
20. TO: POSITION TITLE AND NUMBER SPECIAL AGENT 7B-PD-712				21. PAY PLAN AND OCCUPATION CODE GS SERIES 1811		22. GRADE OR LEVEL (a) OR (b) STEP OR RATE 13 10		23. SALARY \$35688 PA	
24. NAME AND LOCATION OF EMPLOYING OFFICE									
25. DUTY STATION (City-county-State)								26. LOCATION CODE	
27. APPROPRIATION S. & E., FBI				28. POSITION OCCUPIED 1-COMPETITIVE SERVICE 2 2-EXCEPTED SERVICE		29. APPORTIONED POSITION FROM: TO: STATE 1-PROVED-1 2-WAIVED-2			
30. REMARKS: A. SUBJECT TO COMPLETION OF 1 YEAR PROBATIONARY (OR TRIAL) PERIOD COMMENCING B. SERVICE COUNTING TOWARD CAREER (OR PERMANENT) TENURE FROM: SEPARATIONS: SHOW REASONS BELOW, AS REQUIRED. CHECK IF APPLICABLE. REVERTS ITEM #7 FROM 06-28-40. C. DURING PROBATION									
<div style="border: 2px solid black; padding: 5px; display: inline-block; text-align: center;"> NOT RECORDED 17 MAR 9 1979 36 </div>									
31. DATE OF APPOINTMENT AFFIDAVIT (Accessions only)				34. SIGNATURE (Or other authentication) AND TITLE William H. Weber <i>3/29/79</i>					
32. OFFICE MAINTAINING PERSONNEL FOLDER (If different from employing office)				33. CODE EMPLOYING DEPARTMENT OR AGENCY 02 FEDERAL BUREAU OF INVESTIGATION WASHINGTON, D. C. 20535					
35. DATE									
4. PERSONNEL FOLDER COPY									

FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

REPORT OF PERFORMANCE RATING

Name of Employee: WILLIAM F. ROEMER, JR.

Where Assigned PHOENIX TUCSON RESIDENT AGENCY
(Division) (Section, Unit)

Official Position Title and Grade: SPECIAL AGENT GS-13

Rating Period. from April 1, 1978 to March 31, 1979

ADJECTIVE RATING: EXCELLENT
Outstanding, Excellent, Satisfactory, Unsatisfactory

Employee's
Initials
WR

Rated by

[Redacted Signature]

3/31/79
Date

b6

Reviewed by

LEON M. GASKILL

Leon M. Gaskill
Signature

**SPECIAL AGENT
IN CHARGE**

Title

3/31/79
Date

Rating Approved by

Richard L. King
Signature

Assistant Director

Title

APR 24 1979
Date

TYPE OF REPORT

☒ Official
☒ Annual

☐ Administrative
☐ 90-Day
☐ Transfer
☐ Special

67-447328-165

Search

2

1979

11/0 APR 27 1979

THREE

**PERFORMANCE RATING GUIDE FOR INVESTIGATIVE PERSONNEL
CHECKLIST AND NARRATIVE COMMENTS**
(For use as attachment to Performance Rating Form FD-185)

Name of Employee

WILLIAM F. ROEMER, JR.

Note Only those items having pertinent bearing on employee's performance during the rating period should be rated. Actual performance is to be compared with current, existing job description requirements.

RATE ITEMS AS FOLLOWS

- + **Outstanding** (To warrant overall +, all rated elements must be +, and justified in writing)
- E **Excellent** (Overall E must be supported by E or + on majority of items, including important elements)
- ✓ **Satisfactory**
- **Unsatisfactory** (If any item so rated, overall adjective rating can be no better than Satisfactory) Any unsatisfactory item or overall Unsatisfactory rating must be supported in writing
- 0 No opportunity to appraise. In other responses, use "X"

(Use INK for Checklist - DO NOT TYPE)

RESPOND TO EVERY ITEM

- + 1 Personal appearance
- + 2 Personality and effectiveness of personal contacts
- + 3 Attitude (including dependability, cooperativeness, loyalty, enthusiasm, amenability, and willingness to equitably share work load)
- + 4 Physical fitness (including health, energy, stamina) Any physical limitations affecting performance? ☐ Yes ☒ No Has employee used more sick leave (including annual leave or LWOP for illness) during the rating period than the amount of sick leave earned during such period? ☐ Yes ☒ No If answer to either is yes, explain
- + 5 Resourcefulness, ingenuity, and initiative
- + 6 Forcefulness and aggressiveness as required
- E 7 Judgment, including common sense, ability to arrive at proper conclusions, ability to define objectives
- E 8 Planning of work
- E 9 Accuracy and attention to pertinent detail
- E 10 Productivity, including amount of acceptable work produced and rate of progress on or completion of assignments. Also consider adherence to deadlines, unless failure to meet is attributable to causes beyond employee's control
- E 11 Knowledge of duties, instructions, rules and regulations, including readiness of comprehension and "know how" of application
- E 12 Performance results (rate if applicable and mark others 0) 0 A Foreign Counterintelligence (FCI), E B Criminal Investigative, E C Fugitive, E D Applicant, 0 E Accounting, + F Informants, 0 G Domestic Security and Terrorism, 0 H Other, such as Supervisor
- Comment on type of work handled entire rating period, including performance in other divisions, and appraisal of overall work performance

SA ROEMER transferred from the Chicago Office to the Phoenix Division (Tucson Resident Agency) effective 5/25/78. During the period 4/1/78 until SA ROEMER was transferred to the Phoenix Division, he was assigned to organized crime and criminal informant matters and performed in an outstanding manner for the Chicago Division. During the rating period he has been assigned to organized crime matters and coordinates the criminal informant program in Tucson. He brings to the Tucson RA considerable experience and expertise in organized crime matters, which is most beneficial. His overall performance during the indicated time period is worthy of an Excellent rating.

Complexity of matters handled ☐ None ☐ Moderate ☒ Most complicatedDegree of supervision required ☐ Above average ☐ Average ☒ Minimum ☐ None

- A Employee signifies by initialing hereafter that during the course of receiving the performance rating report (limit this provision to annual, 60-day or 90-day reports) employee has read and understands position description

Employee's
Initials
WR

- B Is employee available wherever needs of service require for general assignment? ☒ Yes ☐ No Special assignment? ☒ Yes ☐ No
- C Is employee qualified to operate a motor vehicle incidental to official duties? ☒ Yes ☐ No
If answer is "yes," personnel file must reflect the following: (a) Has valid State or local operator's license for type vehicle to be used (b) Is physically fit to drive (c) Past safe driving record OK or has passed Bureau road test
- D Specify general nature of assignment during most of rating period (such as security (FCI), criminal, applicant squad, Accountant, or as Resident Agent, supervisor, instructor, etc.) **Resident Agent - Organized Crime and Informant**

ADJECTIVE RATING

EXCELLENT

EMPLOYEE'S INITIALS

Matters.

(Outstanding, Excellent, Satisfactory, Unsatisfactory)

(Checklist and Narrative Comments continued)

E 13 Firearms Check One X Qualified _____ Qualified Instructor _____ Expert
E 14 Reporting (Consider conciseness, clarity, organization, thoroughness, accuracy, adequacy and pertinency of leads, and administrative detail)

E A Reports, E B Memos, letters, wires

E 15 Performance as a witness during rating period

O 16 Executive and supervisory evaluation (approved Supervisors, Relief Supervisors, Alternate Senior and Senior Resident Agents, underline applicable)

O A Leadership

O B Ability to handle personnel

O C Making decisions

O D Assignment of work

O E Training subordinates

O F Devising procedures

O G Promoting high morale

O H Getting results

O I Furthering equal employment opportunity

E 17 Raids and dangerous assignments, O A As leader, E B As participant

E 18 Miscellaneous Specify and rate

E Dictation, E Applicant recruitment, _____ Other _____

19 Foreign Language Ability Proficient in _____ language(s)

Can handle typical investigative problems as follows

A Conversation form _____ (language) ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Unsatisfactory

B Written form _____ (language) ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Unsatisfactory

Frequency _____ language ability used during rating period _____

Anticipated use during ensuing year _____

C Completed Bureau Language School ☐ No ☐ Yes _____ (Specify language(s))

20 Administrative Advancement

A X Not Interested (If this block is checked, ignore B, C, and D)

B ☐ Yes ☐ No Agent is completely available for administrative advancement

C ☐ Yes ☐ No Agent is considered qualified for administrative advancement, including experience, ability, personality, and appearance

If answer to C is "Yes," Agent's qualifications are considered
☐ Very Good ☐ Excellent ☐ Outstanding

D Explain if interested but not now qualified

F ☐ Yes ☒ No Agent should update his Career Development Summary (If answer is "Yes," instruct Agent to submit current FD-477. If Agent has less than 10 years of service (as an Agent), he must execute this form if three years have elapsed since last submission.)

21 Number of Incentive Awards 0

Commendations received from Director D Through Superior 3

Suggestions submitted _____

If none, check block ☐

22 Disciplinary Action and Justification for any Unsatisfactory Items ☒ None
(List items taken into consideration on Checklist)

REPORT OF MEDICAL EXAMINATION

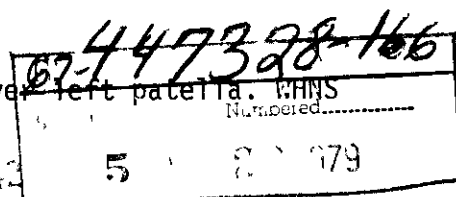
1 LAST NAME—FIRST NAME—MIDDLE NAME ROEMER, WILLIAM FRANCIDS, JR.			2 GRADE AND COMPONENT OR POSITION FBI Agent		6 DATE OF EXAMINATION 18 Jul 79	
4 HOME ADDRESS (Number street or RFD, city or town, State and ZIP Code) 3001 Camino Camelia Tucson, AZ 85705			5 PURPOSE OF EXAMINATION Annual		b2	
7 SEX Male	8 RACE Caucasian	9 TOTAL YEARS GOVERNMENT SERVICE MILITARY 2 CIVILIAN 29		10 AGENCY DJ	11 ORGANIZATION UNIT -	
12 DATE OF BIRTH 16 Jun 26(53)		13 PLACE OF BIRTH South Bend, Indiana		b6		
15 EXAMINING FACILITY OR EXAMINER AND ADDRESS USAF Hosp, Davis-Monthan AFB, AZ 85707				16 OTHER INFORMATION -		
17 RATING OR SPECIALTY -				TIME IN THIS CAPACITY (Total) -		LAST SIX MONTHS -

CLINICAL EVALUATION		ABNOR-
NOR-	(Check each item in appropriate column enter "N" if not evaluated)	MAL
X	18 HEAD FACE NECK AND SCALP	
X	19 NOSE	
X	20 SINUSES	
X	21 MOUTH AND THROAT	
X	22 EARS—GENERAL (Int & ext canals) (Auditory acuity under items 70 and 71)	
X	23 DRUMS (Perforation)	
X	24 EYES—GENERAL (Visual acuity and refraction under items 59, 60 and 61)	
X	25 OPHTHALMOSCOPIC	
X	26 PUPILS (Equality and reaction)	
X	27 OCULAR MOTILITY (Associated parallel movements nystagmus)	
X	28 LUNGS AND CHEST (Include breasts)	
X	29 HEART (Thrust size rhythm sounds)	
X	30 VASCULAR SYSTEM (Varicosities, etc)	
X	31 ABDOMEN AND VISCERA (Include hernia)	
X	32 ANUS AND RECTUM (Hemorrhoids fistulae) (Peristalsis if indicated)	
X	33 ENDOCRINE SYSTEM	
X	34 G-U SYSTEM	
X	35 UPPER EXTREMITIES (Strength range of motion)	
X	36 FEET	
X	37 LOWER EXTREMITIES (Except feet) (Strength range of motion)	
X	38 SPINE OTHER MUSCULOSKELETAL	
X	39 IDENTIFYING BODY MARKS SCARS TATTOOS	
X	40 SKIN LYMPHATICS	
X	41 NEUROLOGIC (Equilibrium tests under item 72)	
X	42 PSYCHIATRIC (Specify any personality deviation)	
X	43 PELVIC (Females only) (Check function)	
		<input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL

NOTES (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

32. Rectum and prostate normal. Stool negative for occult blood.

39. 2.5 cm traumatic scar over left patella. WHNS



44 DENTITION (Place appropriate symbols showing examination above or below number of upper and lower teeth)																																
0 1 2 3 Restorable 1 2 3 Non-restorable 1 2 3 Missing 1 2 3 Replaced 1 2 3 Full 32 31 30 with 32 31 30 with 32 31 30 teeth by 32 31 30 in units																																
R	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32
I																																
G																																
H																																
T																																

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

Type 3
Class B
Qualified

LABORATORY FINDINGS

45 URINALYSIS A SPECIFIC GRAVITY 1.028		46 CHEST X-RAY (Place, date, film number and result) Not required	
B ALBUMIN Neg	D MICROSCOPIC Neg	50 OTHER TESTS IPPD-negative Hematocrit 43 Vol % Cholesterol 189; triglycerides 89	
C SUGAR Neg	47 SEROLOGY (Specify test used and result) RPR-Nonreactive	48 EKG Normal	49 BLOOD TYPE AND RH FACTOR -

3 AUG 31 1979

MEASUREMENTS AND OTHER FINDINGS

51 HEIGHT 73		52 WEIGHT 209		53 COLOR HAIR Brown		54 COLOR EYES Blue		55 BUILD ()		56 SLENDER X		57 MEDIUM 		58 HEAVY 		59 ODLES -		60 TEMPERATURE -																																					
57 BLOOD PRESSURE (3 min at heart level)										58 PULSE (Arm at heart level)																																													
A SITTING SYS 120 DIAS 74		B RECUMBENT SYS 108 DIAS 70		C STANDING (3 min) SYS 110 DIAS 70		A SITTING 60		B AFTER EXERCISE 86		C 2 MIN AFTER 66		D RECUMBENT 56		E AFTER STANDING 3 MIN 60																																									
59 DISTANT VISION				60 REFRACTION By lens				61 NEAR VISION																																															
RIGHT 20/ 50		CORR TO 20/ 20		BY -1.25 S -0.25		CX 178		20/70 CORR TO 20/70		BY Same																																													
LEFT 20/ 70		CORR TO 20/ 30		BY -2.00 S sph		CX -		20/40 CORR TO 20/40		BY "																																													
62 HETEROPHORIA (Specify distance) VTA-ND (far)																																																							
ES° 3		EX° 0		R H 0		L H 0		PRISM DIV -		XXXXXX CT Ortho		PC 40		PD -																																									
63 ACCOMMODATION				64 COLOR VISION (Test used and result)				65 DEPTH PERCEPTION (Test used and score)				UNCORRECTED Passes																																											
RIGHT - LEFT -				VTS-CV Fails				DPA-V				CORRECTED -																																											
66 FIELD OF VISION Confrontation normal				67 NIGHT VISION (Test used and score) NIBH				68 RED LENS TEST -				69 INTRAOCULAR TENSION OD 21.0, OS 20.0																																											
70 HEARING				71 Rudmose AUDIOMETER ANSI 1969								72 PSYCHOLOGICAL AND PSYCHOMOTOR (Test used and score)																																											
RIGHT WV - /15 SV - /15				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td></td><td>250</td><td>500</td><td>1000</td><td>2000</td><td>3000</td><td>4000</td><td>6000</td><td>8000</td> </tr> <tr> <td></td><td>256</td><td>512</td><td>1024</td><td>2048</td><td>2896</td><td>4096</td><td>6144</td><td>8192</td> </tr> <tr> <td>RIGHT</td><td>-</td><td>5</td><td>5</td><td>5</td><td>10</td><td>40</td><td>65</td><td>-</td> </tr> <tr> <td>LEFT</td><td>-</td><td>5</td><td>5</td><td>5</td><td>35</td><td>50</td><td>65</td><td>-</td> </tr> </table>									250	500	1000	2000	3000	4000	6000	8000		256	512	1024	2048	2896	4096	6144	8192	RIGHT	-	5	5	5	10	40	65	-	LEFT	-	5	5	5	35	50	65	-	-							
	250	500	1000	2000	3000	4000	6000	8000																																															
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RIGHT	-	5	5	5	10	40	65	-																																															
LEFT	-	5	5	5	35	50	65	-																																															
LEFT WV - /15 SV - /15																																																							

73 NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

No significant interval history since last physical examination.

(Use additional sheets if necessary.)

74 SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

- 44 - Dental defect.
- 59 - Defective distant vision, OU, corrected to 20/20 OD, 20/30 OS.
- 61 - Defective near vision, OU, not correctable with current prescription.
- 64 - Defective color vision.
- 71 - Bilateral high frequency hearing loss; non-progressive.

75 RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

Correction of dental defect.
Instructed to see private optometrist.

77 EXAMINEE (Check)

A ☒ IS QUALIFIED FOR (is) Use of firearms and strenuous exercise
B ☐ IS NOT QUALIFIED FOR

78 IF NOT QUALIFIED LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

75 A PHYSICAL PROFILE						
P	U	L	H	E	S	X
1	1	1	1	1	1	1 W
B PHYSICAL CATEGORY						
A	B	C	E			

81 TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)

82 TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

SIGNATURE

NUMBER OF ATTACHED SHEETS

**Attachment to Standard Form 88, Report of Medical Examination
For Information and Guidance of Medical Examiner**

Name of Examinee ROEMER Wm F
(Type or print) Last First Middle

The following portions of the attached examination report form need not be completed

3	9	17	67	76
4	11	62	68	
8	14	65	72	

45, 46, 47 and 49, required for all Special Agent and FBI National Academy applicants but not for any other applicant unless the examining physician deems one, two, three or all four of the examinations necessary. 45, 46 and 47 are required in examination of any current employee

48. Required for (1) all Special Agent applicants, (2) all FBI National Academy applicants, (3) all examinees over 35 years of age, (4) any other where examination indicates such as desirable.

69. Required for all examinees over 40 years of age.

71. Audiometer examinations must be afforded for all Special Agent applicants and Special Agents and decibel readings must be recorded at 500, 1000, 2000, 3000 and 4000 Hertz. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 25 decibel average (ANSI) in either ear in the frequency range 1000, 2000, and 3000 Hertz. No single reading in that range may exceed 35 decibels and no applicant will be accepted if found to have a hearing loss exceeding 35 decibels at 500 or 45 decibels at 4000 Hertz.

For All Examinees, Whether Clerical or Special Agent Applicants, National Academy Applicants, or Employees:

The medical examiner should answer the following question

Examinee ☒ is ☐ is not qualified for strenuous physical exertion.

To be Answered in the Case of All Special Agents, Special Agent Applicants, and National Academy Applicants:

1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

☒ No ☐ Yes If "yes" please specify defects. _____

To be Answered in the Case of All Special Agents, Special Agent Applicants, and other Employees who drive Bureau vehicles:

1 Does examinee have any defects prohibiting safe operation of motor vehicles?

☒ No ☐ Yes If "yes" please specify defects. _____

2 For safe driving of motor vehicles, Civil Service Commission requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle? ☒ Yes ☐ No

If recommendation is based on a factor other than above standard, indicate basis _____

67-447328-166

DESIRABLE WEIGHT RANGES

MALES

FEMALES

Height	Small Frame	Medium Frame	Large Frame	Height	Small Frame	Medium Frame	Large Frame
5'4"	117 - 138	123 - 149	131 - 153	5'0"	96 - 114	101 - 124	109 - 138
5'5"	120 - 142	126 - 153	134 - 167	5'1"	99 - 118	104 - 128	112 - 141
5'6"	124 - 146	130 - 157	138 - 173	5'2"	102 - 121	107 - 131	115 - 144
5'7"	128 - 151	134 - 163	143 - 178	5'3"	105 - 124	110 - 135	118 - 149
5'8"	132 - 155	138 - 167	147 - 183	5'4"	108 - 128	113 - 139	121 - 152
5'9"	136 - 161	142 - 172	151 - 187	5'5"	111 - 132	117 - 144	125 - 156
5'10"	140 - 165	146 - 177	155 - 193	5'6"	114 - 135	120 - 149	129 - 161
5'11"	144 - 169	150 - 183	160 - 198	5'7"	118 - 140	124 - 153	133 - 165
6'	148 - 174	154 - 188	164 - 204	5'8"	122 - 144	128 - 157	137 - 169
6'1"	152 - 179	158 - 194	169 - 209	5'9"	126 - 149	132 - 162	141 - 174
6'2"	156 - 184	163 - 199	174 - 215	5'10"	130 - 154	136 - 166	145 - 179
6'3"	160 - 188	168 - 205	178 - 220	5'11"	134 - 158	140 - 171	149 - 185
6'4"	169 - 198	178 - 216	188 - 231	6'0"	138 - 163	144 - 175	153 - 190
6'5"	174 - 204	182 - 222	192 - 238				

4 Examinee's frame is ☐ small ☒ medium ☐ large

5 Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight ☒ Satisfactory ☐ Excessive ☐ Deficient

6 Under proper medical supervision, employee should ☐ lose pounds
☐ gain pounds

Remarks _____

USAF Hosp/SGP Davis-Monthan AFB, AZ 85707

Date 18 July 79

b6

UNITED STATES GOVERNMENT

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION*Memorandum*

TO : Director, FBI

DATE 8/21/79

FROM : SAC, PHOENIX (67-8231)

Attention Personnel Section

SUBJECT: WILLIAM F. ROEMER
SPECIAL AGENT
PHOENIX DIVISION☐ Remylet _____
☐ ReBulet _____☒ Re physical examination 7/18/79
☐ Dental work was completed on _____
☐ Vision has been corrected to _____ Employee specifically instructed
_____ by _____ that he/she can operate a Bureau car
(date) (name of person giving instruction)

only when wearing the necessary glasses

- ☐
- Results of
- ☐
- chest X ray
- ☐
- patch test
- ☐
- urinalysis
- ☐
- serology were negative
-
- ☐
- Enclosed physician's statement indicates employee is
- ☐
- Qualified for strenuous physical exertion and use of
-
- firearms,
- ☐
- Qualified for firearms, exclusive of defensive tactics SAC concurs,
- ☐
- Yes
- ☐
- No If answered
-
- no, explain under remarks
-
- ☐
- Future participation in firearms is remote and weapon will be returned to the Bureau
-
- ☐
- Enclosed are
- ☐
- paid
- ☐
- unpaid medical bills
-
- ☐
- Attached are Bureau of Employees' Compensation forms _____

- ☒
- Physical examination reports are enclosed
-
- ☐
- Employee is scheduled for physical examination on _____
-
- ☒
- Physical examination report has been reviewed and initialed
-
- ☐
- Employee returned to active duty _____
-
- ☐
- Employee's physical condition is _____
-
- ☐
- UACB he/she is being removed from limited duty.
-
- ☐
- UACB he/she is being placed on limited duty.

If employee is a Resident Agent, is there a sufficient amount of nonarduous work available to keep him/her fully occupied
and are sufficient agents available to handle emergency assignments ☐ Yes ☐ No If answer is no, separately
and immediately submit your recommendation for the return of this agent to headquarters city.

Remarks:

Concerning dental defect, SA ROEMER advised he will make
appointment. Concerning seeing private optometrist, SA ROEMER
advised he saw his own eye doctor and received new eyeglasses
approximately 6 months ago. Bureau will be advised.1 - Bureau (Encs. 2)
1 - Phoenix
LMG:dpt (2)

Enclosure

Buy U.S. Savings Bonds Regularly on the Payroll Savings Plan

3 AUG 31 1979

FBI/DOJ

TO: DIRECTOR, FBI

FROM: SAC, PHOENIX

DATE: 1/25/80

Name of Employee
WILLIAM F. ROEMER, JR.

EOD Date
9/25/50

Title
Special Agent

Last Local Address
3001 Camino Camelia, Tucson, Az. 85705

Forwarding Address (include Zip Code, if known)
3001 Camino Camelia, Tucson, Arizona 85705

Cease-active-duty Date (hour and last day physically at work)
COB. 2/29/80

Working Hours (include workweek if other than Monday - Friday)
8:15 A.M. - 5 P.M.

Title

SRA, Tucson Resident Agency

LEAVE DATA

Leave category

☐ 4

☐ 6

☒ 8

Hours of accrued leave employee will have at close of business on cease-active date which is the last hour of the last day physically at work. Do NOT add accruals if effective date of separation is at a later date.

AL 264 SL 1705

Hours of annual leave carried over at beginning of current leave year

AL 240

Leave to be used prior to cease-active-duty date

Note Public Law 93-181 provides employees are paid for all annual leave credited to employee in year of separation

If employee has been granted advanced leave, indicate number hours owed at close of cease-active-duty date

AL SL

READ BEFORE INTERVIEWING

Purposes

- 1 - Obtain real, motivating reason for resignation
- 2 - Save a valuable employee if possible
- 3 - Serve as basis for (1) information supplied by Bureau upon request by State Unemployment Compensation Boards, (2) accurate analysis of turnover, (3) determining necessary or desirable organizational improvements, and (4) permitting a recorded recommendation regarding future reinstatement.

When and Where Conducted As promptly as possible after receipt of resignation in adequate privacy with adequate time

By Whom Conducted: Clerical employee - by immediate Agent supervisor, Agent - by SAC or in his absence by official acting for him.

Reasons Given for Separation: First, carefully weigh reasons for resignation shown in employee's letter and developed during exit interview to determine real motivating reason for resigning. If such reason was because of employee's desire to leave Bureau job, leave city where assigned, or otherwise just return home, execute a reason under Item A below. (For instance employee might show resigning to seek employment closer to home meaning motivating reason is to return home, not seek other employment.) If other, execute reason(s) under B. Explain all under Item N. Comments.

A

1. ☐ Return to Home Area
2. ☐ Homesick for Family and Friends
3. ☐ Unable to Adjust to City Environment
4. ☐ Living Costs
5. ☐ Transportation
6. ☐ Housing
7. ☐ Concern Over City Life (Crime, etc.)

8. ☐ Dissatisfaction With Assignment
9. ☐ Dislike of Production or Work Standards
10. ☐ Dislike Performing Overtime
11. ☐ Dislike Shift Assignment
12. ☐ Working Conditions - Physical Plant (i.e., no air conditioning)
13. ☐ Working Conditions (other than physical plant)
14. ☐ Lack of Promotional Opportunity

B.

15. ☐ Military
16. ☐ Other Employment (Show this as reason only where employee otherwise satisfied with Bureau employment)
Check both reason and type.
Reason
☐ a Promotional
☐ b Enter different field
Type
☐ a. Other Government employment
☐ b Private industry
☐ c. Self-employment
17. ☐ Poor Health (Self)
18. ☐ Poor Health (Family)
19. ☐ Marriage
20. ☐ Maternity
21. ☐ Attend School, ☐ locally, ☐ other area

22. ☐ Change of Residence (husband or family moving)
23. ☐ Housewife or Child Care
24. ☐ Resignation requested
25. ☐ Removal
☐ All involuntary separations
☐ Abandonment of position - failed to submit resignation
26. ☐ Resigned during administrative inquiry
27. ☒ Retirement
☒ Optional (including liberalized), give reason Mandatory in 1981
28. ☐ Disability
28. ☐ Other (Explain under comments)

Employee was advised by interviewing official that employment information beyond name, past and present positions, titles, grades, salaries, duty stations, and reason for separation as shown on the Notification of Personnel Action may be disseminated if a prospective employer is a Federal Agency or a state or local agency within the criminal justice community, without the written consent of the employee. *lary* (initials of interviewing official)

- D. 1. Did employee violate terms under transfer agreement, 3-34b ☐ Yes ☒ No, Foreign Assignment, FD-382 ☐ Yes ☒ No, Government Employees Training Act, FD-375 ☐ Yes ☒ No, transportation expense agreement, 12-69? ☐ Yes ☒ No

2. Did employee resign prior to expiration of any agreement made not covered in #1 such as to remain a specific period following initial appointment or following special training? ☐ Yes ☒ No If yes, specify agreement(s) involved and explain under Item O. Comments.

3. If FBIHQ clerical employee, did employee resign within 100 days of entrance on duty? ☐ Yes ☐ No N/A

4. If answer to either question 1 or 3 above is "yes"

- a ☐ Advise employee any money due being held in abeyance until determination is made as to any indebtedness
- b ☐ Advise Bureau of resignation, Attention Voucher and Payroll Section on ☐ teletype ☐ telephone N/A

- E Does employee have any specific suggestion for improving the organization? ☒ No ☐ Yes If so, explain (In the event the suggestion is new, it should be presented to the Bureau for consideration. If previously considered by Bureau and adopted or turned down the employee should be so advised.)
- F Has employee been cautioned about divulging confidential information acquired in job? ☒ Yes ☐ No Failure to abide by this provision violates Department of Justice regulations and may violate certain statutes providing maximum severe penalties of a \$10,000 fine or 10 years' imprisonment, or both
- G. All Government property, documents made or received while in the FBI's service, including FBIRA card will be collected on date employee ceases active duty (exceptions Honorary FBIRA card, commendation, censure or promotion letters or copies of expense vouchers, etc.) ☒ Yes ☐ No
- H. If employee is resigning for maternity purposes, appropriate block must be marked N/A
☐ Employee is not entitled to payment for accrued sick leave as she will not be incapacitated for duty after indicated cease-active-duty date.
☐ Doctor's certificate attached indicating (1) employee is incapacitated for duty after indicated cease-active-duty date, and (2) expected date of confinement
☐ Doctor's certificate attached indicating employee can safely continue working to date specified (Applicable to those cases where the employee desires to work up to less than 6 weeks before expected date of delivery)
- I. Was employee instructed that if enrolled in a health benefits plan coverage continues temporarily for 31 days from the termination of health benefits enrollment and during that time employee is eligible to convert to an individual contract? If employee converts to an individual plan there is no waiting period for any benefits ☒ Yes ☐ No
- J Was employee instructed that if enrolled under any of the plans under Special Agents Mutual Benefit Association (SAMBA) coverage (except for Disability Income Protection (DIP)) continues for 31 days from the last day of pay period in which an allotment was made? If employee desires to continue any of the coverages except Disability Income Protection, he/she should immediately contact the SAMBA Office, Suite 750, 1325 G St. N.W., Washington, D. C. 20005. ☒ Yes ☐ No
- K Was employee instructed that if enrolled under any of the plans under Special Accident and Travel Insurance (SATI) coverage continues for 31 days from the last day of pay period in which an allotment was made? This is not necessarily the last day on duty of employee but invariably two weeks prior since the termination of payroll allotments differs according to notice given of resignation. If employee desires to continue any of these coverages (except the Long-Term Disability) he/she should immediately contact Wright & Co., 1001 Connecticut Avenue, N W, Suite 1222, Washington, D. C. 20036. ☒ Yes ☐ No
- L Was employee instructed to furnish forwarding address to all firms with which accounts or business transactions have been established? ☒ Yes ☐ No Was employee urged to satisfactorily pay his (her) just debts? ☒ Yes ☐ No
- M. Was employee advised that any inquiries concerning his (her) FBI employment should be directed to FBI, JEH Building, Washington, D C 20535, as such information is not available elsewhere? ☒ Yes ☐ No
- N. The retiring employee is qualified and desires the ☐ 20-year plaque ☐ 25-year plaque ☒ 30-year plaque. *Commendations Unit + Kapovich*
- O. Comments: (Please state specific individual reason in explanation of check on other side of form. Set out if it can possibly be obtained, (1) re employment - information as to where the other employment will be, its nature, the salary that will be paid and when it will begin, (2) re school - date employee proposed to enroll)
 Civil Service Retirement Legislation, Chapter 83, Title 5, U.S. Code, as amended, mandates SA Roemer's retirement during June, 1981. SA Roemer has accepted a position as Operational Supervisor, Squad State Strike Force, Tucson, Arizona. He will supervise investigative activity, with annual salary of \$22,000 beginning April, 1980.
- P Has there been any substantial change in employee's work performance record since submission of last performance rating? ☒ No ☐ Yes If "Yes" give current adjective rating and basis for change
- Q For SA Employees Only. Have reason(s) for resigning been thoroughly discussed with employee? Does employee understand that favorable consideration may not be given for reinstatement unless reason(s) for resigning were compelling and beyond employees control? ☒ Yes ☐ No
- R. Recommendations re reinstatement ☐ Yes ☐ No (If No, explain why)

N/A

FD-193 Report of Exit and Separation

GENERAL

This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974), December 31, 1974, for individuals supplying information for completion of the Report of Exit and Separation Form.

AUTHORITY

Title 28, Code of Federal Regulations, section 0.137, authorizes the Director of the FBI to exercise power and authority vested in the Attorney General by law to take final action in matters pertaining to the employment, direction and general administration of personnel in the FBI.

PURPOSES AND USES

Information concerning your reason for leaving the FBI will be placed on your final Notification of Personnel Action and will be furnished to prospective employers upon their request. This information may also be used to determine your suitability for reinstatement in the FBI should you apply for reemployment.

EFFECTS OF NONDISCLOSURE

Disclosure of the information requested is voluntary; however, failure to supply the information may result in no reason being given for your separation from the FBI on your Notification of Personnel Action and/or your not being considered favorably for reinstatement.

February 11, 1980

PERSONAL

Mr. William F. Roemer, Jr.
Federal Bureau of Investigation
Phoenix, Arizona

Dear Mr. Roemer:

I have your letter of January 25, 1980, regarding retirement, and am sorry to see you leave.

Let me take this opportunity to express my appreciation for the fine work you have done for this Bureau over so many years. You have contributed substantially to the success of the FBI in its law enforcement mission, and you have every right to a feeling of pride as you look back upon your career as a Special Agent. I am glad to note that your association with our organization has meant so much to you.

Thank you for your good wishes, and it is my hope that the future will be a time of great happiness for Mrs. Roemer and you.

Sincerely yours,

William H. Webster

William H. Webster
Director

MCF:vac (8)

- 1 - SAC, Phoenix (Personal Attention) Enclosures (4) The attached Form 3-496 with 2 enclosures should be given to SA Roemer. There is also attached a copy of Form 3-496 for your information.
- 1 - Personnel Actions Subunit
- 1 - Voucher and Payroll Section (Sent Direct)
- 1 - Physical Examinations Subunit (Last physical on 7-18-79)
- 1 - Public Affairs Office (LEB) - SA Roemer's cease active duty date is 2-29-80. EOD 9-25-50, SA. Forwarding address: 3001 Camino Camelia Tucson, Arizona 85705

See NOTE Page 2

Assoc Dir _____
Dep AD Adm _____
Dep AD Inv _____
Asst Dir _____
Adm Servs _____
Crim Inv _____
Ident _____
Intell _____
Laboratory _____
Legal Coun _____
Plan & Insp _____
Rec Mgnt _____
Tech Servs _____
Training _____
Public Affs Off _____
Telephone Rm _____
Director's Sec'y _____

MAIL ROOM ☒

Mr. William F. Roemer, Jr.

(Continued)

NOTE: SA Roemer is qualified by age and service for retirement under liberalized provisions of the Civil Service Retirement Act. He is assigned as a Resident Agent, Tucson, Arizona Resident Agency, Phoenix Office, in GS-13, \$38,186 per annum.

RETIREMENT INFORMATION

Name **William F. Roemer, Jr.**Date **2-11-80**

APPLICATION

☒ The "Application for Retirement" will be forwarded by the Bureau to the Office of Personnel Management (OPM) for processing

DEPOSIT OR REDEPOSIT

Making either a deposit or redeposit is optional. Such amounts are paid directly by you to OPM, therefore, it is possible that you have already made the deposit or redeposit indicated below without the Bureau's knowledge, having dealt directly with OPM. If so, you may ignore this matter now. If not, after a review of the approximate annuity figures shown below, should you decide to make a deposit you should submit a note over your signature to be attached to your Application for Retirement (Standard Form 2801) requesting amount due and you will be given the opportunity to make a lump-sum payment before completion of retirement processing by OPM. An applicant for retirement is automatically given an opportunity to make a redeposit at the time the application for retirement is processed by OPM. OPM desires that an employee not file an Application for Deposit or Redeposit (Standard Form 2803) if retirement is contemplated within six months.

☐ Not applicable

☒ The deposit you may owe is a payment to the retirement fund to cover a period of service during which no retirement deductions were withheld from salary. Credit is given for service not covered by deductions, however, if the deposit is not paid, your annuity will be reduced each year by 10% of the amount due as deposit. The amount you may owe is approximately \$ 3

☐ The redeposit you may owe is a payment to the retirement fund to cover a period of service for which retirement deductions were withheld from your salary but later refunded to you following your separation from civilian employment. No credit is allowed in the computation of annuity for the period of service covered by the refund unless redeposit is made. The amount you may owe is approximately \$ _____

ANNUITY

Annuities are computed on full months of service. The estimated annuity below is based on your ☒ Bureau service, including 0 year 16 months, 16 days of accrued sick leave, ☐ other civilian Government service and/or ☒ military service known to us, totalling 31 years, 0 months, 22 days. OPM makes the official computations and determines whether prior service is creditable, advising you direct the exact amount of your annuity. The figures below are only estimates, and they do not take account of deduction for health insurance coverage. You should receive the first annuity check about 2 months after separating from the Bureau's rolls. Separation for disability retirement cannot be made final until OPM has notified FBI of the approval of your application.

TYPES OF ANNUITY

Married applicants only

☒ Reduced Type of Annuity with benefit to Spouse (See over, next to last paragraph, Health Benefits Program)

	With Deposit	Without Deposit	With Redeposit	Without Redeposit	With Deposit & Redeposit
<input checked="" type="checkbox"/> Reduced Type of Annuity with benefit to Spouse (See over, next to last paragraph, Health Benefits Program)	\$ <u>2324*</u>	\$ <u>2324*</u>	\$ _____	\$ _____	\$ _____
<input checked="" type="checkbox"/> Annuity Without Survivor Benefit	\$ <u>2553*</u>	\$ <u>2553*</u>	\$ _____	\$ _____	\$ _____

Unmarried applicants only (Including Widowed or Divorced)

☐ Annuity without Survivor Benefit

☐ Reduced Annuity With Benefit to Person having an Insurable Interest

☐ Survivor Annuity (55% of all or the portion of your annuity specified)

\$ _____ plus annuity for each eligible child

SEPARATION FROM ROLLS

Since you ☒ will cease active duty ☐ ceased active duty on 2-29-80 your annuity will commence 3-1-80 immediately following the ☒ cease active duty date or ☐ expiration of sick leave on _____

earned through _____ Item B2 on application ☐ changed to ☐ should be changed to close of business

retirement and shorten your total length of service. If sick leave was or will be used by you, this may change the effective date of your

☐ If retirement is for disability, separation takes effect after the approval of OPM is received by the Bureau or after the expiration of any accrued sick leave, whichever occurs later. Under Internal Revenue Service regulations, some sick pay and disability income is not taxable, thus, you may be able to exclude from Federal income tax liability all or a part of the payments you receive for sick leave used prior to the date your annuity commenced, as well as for annuity received as a disability annuitant. Any such exemption would terminate when you reach normal retirement age. Thereafter, this annuity would be Federal income tax-free until you had drawn as annuity an amount equal to the retirement deductions from your salary while you were working. OPM will advise you of this amount.

☒ If retirement is not for disability, the "sick pay" exclusion is not permissible. Once you have received in annuity as much as was deducted from your salary for retirement purposes, you are subject to Federal Income Tax on the rest. OPM will advise how much was deducted. Only if you were incapacitated and were granted extended sick and/or annual leave for sick leave exceeding thirty calendar days prior to separation for retirement might you qualify for a "sick pay" exclusion for the leave period.

☒ Questions you may have as an annuitant regarding your income tax liability or privileges can be answered by the Internal Revenue Service. Internal Revenue Publication, Comprehensive Tax Guide to U.S. Civil Service Retirement Benefits, may be of assistance to you. There is a tax credit for the elderly. The credit is figured on Schedules R & RP. You may claim this credit if you are age 65 or older, or if you are under age 65 and receive a taxable pension or annuity from a public retirement system, you may be eligible for a credit. Note: You are required to file a Federal gift tax return, Form 709, if you elect a reduced annuity with benefit to surviving spouse. In the usual case it is unlikely any tax will be payable, however, a tax return must be filed. The information you will require to file this gift return may be obtained by writing to the OPM, Post Office Box 989, Washington, D. C. 20044, after receiving your "Statement of Retirement Account" from OPM.

☒ You should send OPM over your signature any change in address, setting out your CSA (retirement) number

☒ Following your separation date, you will receive a lump-sum payment for your accumulated annual leave in the approximate amount of \$ 4380. If it is necessary for you to use annual leave prior to your cease active duty date, the lump-sum payment you receive will, of course, be less. A deduction for Federal income tax has been made from this estimate

***Based on 8-31-79 computation with the 6.9% cost-of-living increase that was effective 9-1-79, included; this is a greater annuity than that earned as of 2-29-80 and therefore, you do not receive credit for service from 9-1-79 to 2-29-80 for annuity earning purposes. This also includes the 6% cost-of-living increase that will be effective 3-1-80 (over)**

67-447328-167 FBI/DOJ

FEDERAL EMPLOYEES' GROUP LIFE INSURANCE

☒ Records show you elected Optional Insurance of \$10,000 and have Regular Insurance of \$ 45,000

☐ Records show you declined Optional Insurance but are covered by Regular Insurance of \$ _____

☐ Records show you waived both Regular and Optional Insurance

You may continue your regular group life insurance coverage following retirement without further cost if you have completed 5 years of creditable civilian service and have been insured under the program for the five years of service immediately preceding retirement (or the date you become eligible for compensation benefits), or the full period(s) of service during which the regular life insurance was available to you, if less than five years, or you may convert your coverage to an individual life insurance policy without being required to undergo a physical examination. Conversion to an individual life insurance policy necessitates paying the usual premium for a person of your age and class of risk. If you decide to convert, the Bureau should be immediately advised. Otherwise, SF-56, "Agency Certification of Insurance Status," will be forwarded to OPM and a copy sent to you. If you elect to continue Regular Insurance coverage, such protection will continue premium free until you reach age 65. At that time coverage will be reduced 75% (at 2% per month) by the time you reach age 68 years and 2 months. The remaining 25% is also premium free for the remainder of life. Optional Insurance of \$10,000, if continued after retirement, will be at full premium cost until you reach age 65. Thereafter, it is cost free for the remainder of life and commencing at age 65 it will be reduced 75% at the same rate as Regular Insurance. The premium cost of Optional Insurance varies as to age. Optional Insurance may be continued after retirement if you continue to pay for it until age 65 provided you keep Regular Insurance. To retain the Optional Insurance requires no action, OPM will deduct the cost from your annuity. You must have had Optional Insurance for 5 years immediately before your retirement (or the date you become eligible for compensation benefits), or if less than five years, for the full period of service during which it was available to you. Optional Insurance may be converted to an individual policy if you are not eligible to continue it or, if you do not wish Optional Insurance to be continued, you may waive coverage at any time by notifying OPM and still keep your Regular Insurance. Following retirement, accidental death and dismemberment benefits no longer exist for either Regular or Optional Insurance. ☐ You elected Optional Insurance on _____.

If you desire to convert the Optional Insurance, submit in duplicate a signed statement that you want to convert the Optional Insurance to an individual policy and wish to be informed how to do it.

Note If the annuity of an insured retired employee is terminated under any applicable law or regulation, his/her regular and/or optional life insurance coverage stops on the date of such termination, with no conversion rights thereafter.

DESIGNATION OF BENEFICIARY, STANDARD FORM 54, FEDERAL EMPLOYEES' GROUP LIFE INSURANCE FILED

☒ No Beneficiary will be in order of precedence used by U S Government, i.e., (1) widow or widower, (2) children, (3) parents etc

☐ Yes, beneficiary designated as _____

This designation is being forwarded to OPM and it will remain valid unless changed or canceled. Contact OPM for any change desired following retirement.

FEDERAL EMPLOYEES HEALTH BENEFITS PROGRAM

☐ Records show you elected not to enroll

☒ Records show you enrolled in the following plan

☐ Government-wide Service Benefit Plan (Blue Cross - Blue Shield)

☐ Government-wide Indemnity Benefit Plan (Aetna Life Insurance Company)

☐ Comprehensive Medical Plan

☒ Special Agents Mutual Benefit Association (SAMBA) (See information below on SAMBA Life Insurance)

Unless you cancel your present health benefits enrollment, you will remain under your health benefits plan after retirement, and your enrollment will be transferred to OPM. The cost of your share of the plan will be deducted from your annuity by OPM.

Enrollment of an employee who dies while enrolled "for self and family" continues for the family if at least one family member is entitled to an annuity as the survivor. If the survivor annuitant is the only eligible family member, the retirement system will automatically change the enrollment to "self only."

The original of SF 2810, "Notice of Change in Health Benefits Enrollment," will be forwarded to you by the Bureau at a later date.

SAMBA LIFE INSURANCES - The Group Life Insurance you carry under SAMBA on yourself and dependents to age 22 will continue in force until 1-1 or 7-1 coinciding with or next following the date of your retirement providing you pay the premium semi-annually. However, if premium for this coverage is withheld by payroll allotment, the life insurance ceases as of the date your separation for retirement becomes effective, with a 31-day grace period. If you desire to continue the protection beyond this time, you may do so without a physical examination on you, your spouse, and children under age 22. At age 70 you can continue amounts carried prior to age 70 up to a maximum of \$10,000 on yourself and \$5,000 on your spouse. You may continue the Personal Accident Insurance at the same rates and amounts until you reach age 65 on you and your spouse and unmarried dependent children under age 22. Upon attainment of age 65, you may retain present coverage up to \$50,000 of the Personal Accident Insurance for yourself and your spouse until you reach age 75 with the cost being 18¢ per month per thousand. If you are enrolled under the Disability Income Protection (DIP) (Hospital Income Protection, Long Term Disability Benefit and Pension Supplement), you cannot continue this coverage unless you retire for disability. Benefits may be available under DIP for disability retirements. If you desire to convert or continue any of your present insurance coverages under SAMBA, you should, immediately or no longer than 31 days after retirement, write to SAMBA, Suite 750, 1325 G Street, Northwest, Washington, D. C. 20005. Upon retirement your premium cannot be withheld by payroll allotment and you will be billed on a semi-annual basis on January 1st and July 1st.

SPECIAL ACCIDENT AND TRAVEL INSURANCE (SATI) - The Group Life Insurance you carry under SATI on yourself and dependents to age 21 may be continued after retirement to age 55 with no change in premium or coverage. At age 55, your coverage will be reduced by 5% a year until you reach age 65 or if you retire at age 60, your coverage will be reduced by 10% a year until age 65. This coverage terminates at age 70. You may continue the Accidental Death, Dismemberment and Permanent Total Disability and the Accident Indemnification at the same rates and amounts to age 65 on you and your spouse and your unmarried dependent children from ages 1 to age 24 if residing with and wholly dependent upon you and regularly attending an accredited school or college. Upon attainment of age 65 you may only continue your present coverage of the Accidental Death and Dismemberment up to \$25,000 on you and your spouse until you reach age 75 with the cost being 19¢ per month per thousand. The Accident Indemnification cannot be continued after age 65. The Accident Indemnification claims must be coordinated with any plan under the Federal Employees Health Benefits Program. If enrolled under the SATI Retirement Savings Plan, you should contact Wright & Company regarding options available to you. If you are enrolled under the Long Term Disability (LTD) (In-Hospital Income, Salary Continuation and Pension Supplement), you cannot continue this coverage unless you retire for disability. Benefits may be available under LTD for disability retirements. If you desire to convert or continue any of your present insurance coverages under SATI, you should, immediately or no longer than 31 days after retirement, write to Wright & Company, Suite 1222, 1001 Connecticut Avenue, N. W., Washington, D. C. 20036. Upon retirement your premium cannot be withheld by payroll allotment and you will be billed on a monthly, quarterly, semi-annual or annual basis.

ENCLOSURES

☐ Standard Form 2801, "Application for Retirement"

☒ Standard Form 8 "Notice to Federal Employee About Unemployment Compensation"

☒ Pamphlet "Your Retirement System"

☐ Standard Form 2801-B, "Physician's Statement," for disability retirement

INFORMATION IN SUPPORT OF CIVIL SERVICE RETIREMENT APPLICATION

This form is *not* an Application for Retirement (SF 2801) Employing office must complete both sides of this form and attach it to the employee's SF 2801 For instructions regarding completion of this form see FPM Supplement 831-1

SECTION A—IDENTIFICATION

1 Name of Applicant (<i>Last, first, middle initial</i>) ROEMER, WILLIAM F. JR.	3 Date of Birth (<i>Mo, Day, Year</i>) 6-16-26	
2 List All Other Names Used (<i>Maiden name AKA, spelling variants</i>) ROEMER, WILLIAM FRANCIS JR.	4 Other Birth Dates Used	7 Service Computation Date 6-25-49
	5 Military Serial Number 1019426	

SECTION B—VERIFIED SERVICE HISTORY DOCUMENTED IN OFFICIAL PERSONNEL RECORDS

Federal Agency or Military Service Branch	Appointment, Separation, or Conversion Dates for Civilian and Active Honorable Military Service		Name of Retirement System	Remarks and Non- Creditable Time	Creditable Time		
	From	To			Yrs.	Mos	Days
U. S. Post Office	Xmas 1942 (worked 39 hours)		None		0	0	5
Active Duty U. S. Marine Corps	7-13-45	10-7-46	Mil	Honorable (See attached)	1	2	25
FBI	9-25-50	2-29-80	CS	Law Enforcement	29	5	5
TOTAL CREDITABLE SERVICE					30	8	5

SECTION C—APPLICANT'S CERTIFICATION

- ☐ The Above Service is Complete Note Be sure there is enough service listed above for the type of retirement you are applying for
- ☐ I Have Additional Service (*If additional service is claimed, attach signed statement giving dates, position, title and location of employment, including agency, bureau and division Claimed service cannot be credited for retirement until it has been verified, including unverified service listed on a SF 144, Statement of Prior Federal Civilian and Military Service, or similar affidavit*)

Note If you have performed Federal civilian service subject to social security deductions (FICA) or not subject to retirement deductions, be sure that your agency has correctly completed Section D (reverse)

Signature

67-447328-167

Date

**SECTION D-DETAIL OF CIVILIAN SERVICE NOT SUBJECT TO CONTRIBUTORY RETIREMENT
SYSTEM FOR CIVILIAN FEDERAL EMPLOYEES**

THIS INFORMATION IS REQUIRED TO COMPUTE THE PORTION OF ANNUITY BASED ON SUCH SERVICE

Detail below (1) any period of Federal civilian service subject to "FICA" deductions, and (2) any other Federal civilian service not subject to a Federal employee (or D.C. Gov't) retirement system. If total basic salary earned for any such period of service is known, a summary entry may be entered on the righthand side below. Otherwise show each change affecting basic salary during the period of service.

Nature of Action (Appt., pro., res., etc.)	Effective Date (Mo., Day, Year)	Basic Salary Rate	Salary Basis (Per annum, per hour, WAF, etc.)	Leave Without Pay	If Basic Salary Actually Earned is Available Make Summary Entry Below		
					From (Mo., Day, Year)	To (Mo., Day, Year)	Total Earned
appointed	Xmas 1942 (worked 39 hours)	\$.65	p/h				

SECTION E-HEALTH BENEFITS AND LIFE INSURANCE CERTIFICATION

Complete this section in all cases. If application is for disability retirement, the questions below should still be answered, but Health and Life Insurance documents should follow with employee's Final SF 2806, Individual Retirement Record.

1 Is Applicant Eligible to Continue Group Life Insurance Coverage During Retirement? (See Federal Personnel Manual supplement 870-1, Life Insurance, subchapter S6, for detailed instructions.)

☐ No (reason _____)

☐ Yes-Regular Only (Attach SF 56 and all SF 54's)

☒ Yes-Regular and Optional (Attach SF 56)

Optional Coverage Began **2-14-68**

2 Is Applicant Eligible to Continue Federal Employees Health Benefits Enrollment During Retirement? (See Federal Personnel Manual supplement 890-1, health benefits, subchapter S14, for detailed instructions.) Attach all copies of SF 2809's and SF 2810's

☐ No (reason _____)

☒ Yes (If "yes," complete below)

Enrollment Code

442

Carrier Control Number

3202370

SECTION F-AGENCY CERTIFICATION

I certify that the information on this form accurately reflects verified information contained in official personnel and/or payroll records in the custody of this agency and that the retiring employee has sufficient service to support title to an immediate annuity.

Signature of Authorized Agency Personnel Official

Agency Name and Address, Including Zip Code, and Telephone Number, Including Area Code

FBI
10th St. & Pa. Ave. N. W.
Washington, D. C. 20535

b6

Date

2-11-80

SECTION G-REMINDERS

- Applicant advised of survivor benefit options (See FPM 831-1 Subchapter 13 for instructions regarding married employee who elects annuity without survivor benefits.)
- Applicant has properly completed and signed SF 2801
- All names and dates of birth appearing in personnel folder are listed on reverse
- All service entered is verified (Alleged but unverified service shown on SF 144 should not be listed.)

- Total base pay or pay rates are listed above for all Federal civilian service not subject to retirement deductions
- If military retired pay must be waived to receive Civil Service credit for military service in accordance with FPM 831.1 subchapter S3.5f attach waiver request to this form
- If a tentative annuity computation has been performed, attach the computation to this form



In Reply, Please Refer to
File No.

UNITED STATES DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF INVESTIGATION

Post Office Box 431
Phoenix, Arizona 85001
January 25, 1980

Exec. AD-Inv.	_____
Exec. AD-Adm.	_____
Exec. AD-LES	_____
Asst Dir	_____
Adm Servs.	_____
Crim Inv	_____
Ident	_____
Intell	_____
Laboratory	_____
Legal Coun	_____
Plan & Insp	_____
Rec Mgnt	_____
Tech Servs	_____
Training	_____
Public Affs Off.	_____
Telephone Rm.	_____
Director's Sec'y	_____

Director, FBI
Federal Bureau of Investigation
U.S. Department of Justice
Washington, D.C. 20535

mcf
Jan



b6

Dear Judge Webster.

Roemer, William F Jr

It is with extreme regret that I am addressing you this date to request my retirement as of close of business February 29, 1980 after 29½ years as a Special Agent of the FBI.

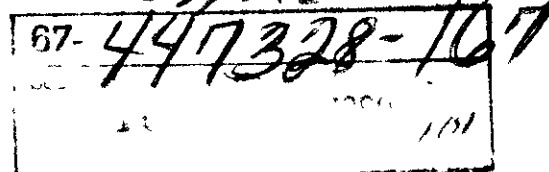
As deeply as I love the Bureau, I would not consider such action if it were not for the mandatory requirement due to age. Although I have not quite reached 55, I have received what I consider an outstanding offer of employment which would probably not be available to me later. I leave to become Operational Supervisor of the Organized Crime Division of the Quad State Strike Force (soon to be known as the Rocky Mountain Strike Force). Inasmuch as I have been assigned exclusively to organized crime matters since 1957 in Chicago and Tucson, this is my field of whatever expertise I might have acquired in the Bureau and I look forward to the opportunity to continue the fight against organized crime.

I expect to have frequent contact with Bureau personnel, especially in the six states in my area, and will always be most anxious to extend whatever assistance I can.

*Enclosure detached &
sent to [redacted]
1-30-80 MK*

Let Gen 2/1/80

mcf/via

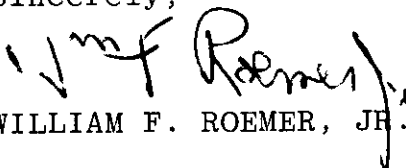


QC 143

THREE

I wish you and the Bureau continued success and will always be extremely proud that for so long a time I was allowed to be a part of the greatest organization in the world.

Sincerely,


WILLIAM F. ROEMER, JR.

EMPLOYEE SERVICE STATEMENT

(See information on reverse)

1 NAME (CAPS) LAST-FIRST-MIDDLE ROEMER, WILLIAM FRANCIS JR.			MR MISS-MRS MR			2 BIRTH DATE (Mo, Day Yr) 6-16-26			3			4 STATEMENT NO 1		
5 SERVICE SUMMARY		FROM			TO			SERVICE			CIVIL SERVICE RETIREMENT DEDUCTIONS		IF NO' NAME OTHER RETIREMENT SYSTEM	
		MO	DAY	YR	MO	DAY	YR	YRS	MOS	DAYS	YES	NO		
A PREVIOUS CIVILIAN SERVICE								0	0	5				
B SERVICE PERFORMED IN THIS AGENCY		9	25	50	2	29	80	29	5	5	X			
C MILITARY SERVICE		7	13	45	10	7	46	1	2	25				
D ACCUMULATE ALL SERVICE AND ENTER TOTAL SERVICE HERE ➡								30	8	5				

6 COMPLETE THIS ITEM ONLY FOR EMPLOYEES SEPARATING FROM POSITIONS SUBJECT TO THE CIVIL SERVICE RETIREMENT SYSTEM - YOUR RETIREMENT BENEFIT, BASED ON THE ABOVE SEPARATION IS INDICATED BELOW

☐ NONE - TRANSFER TO ANOTHER POSITION SUBJECT TO CSC RETIREMENT

☐ LUMP SUM REFUND ONLY

☐ DEFERRED ANNUITY AT AGE 62 OR LUMP SUM REFUND

☒ IMMEDIATE ANNUITY

7 REMARKS CONCERNING SERVICE ENTRIES ABOVE

8 SIGNATURE OF EMPLOYEE <i>Wm F Roemer Jr.</i>		DATE 2-29-80	11 AGENCY NAME, INCLUDING BUREAU AND DIVISION, AND ADDRESS FEDERAL BUREAU OF INVESTIGATION 1001 G... J. ED... 10th STREET & PENNSYLVANIA AVE., N. W. WASHINGTON, D. C. 20535
		DATE 2-11-80	
10 TITLE OF AGENCY OFFICIAL 			

2815-101

STANDARD FORM 2815
MARCH 1974
FPM SUPPLEMENT
831-1

3 Official Personnel Folder Copy - Completion Instructions on Reverse

INSTRUCTIONS FOR EMPLOYING OFFICES

Complete this form upon separation (and conversion to or from an appointment under the Civil Service Retirement System) to provide a cumulative record of creditable service for Civil Service retirement

Items 1-3 Must agree with SF-50

Item 4 Number statements in consecutive order

Item 5 Use FPM Supp 831-1, Retirement, S-3, Creditable Service, to determine the length and creditability of periods of service. All entries are to reflect verified service documented in the employee's Official Personnel Folder (OPF). If the previous civilian service or military service sections do not apply to the employee, enter "none", do not leave blank.

Item 6 Complete only for separations and conversions from positions subject to Civil Service retirement deductions, checking the appropriate box as follows (*Only one box is to be checked*)

None— Check if the employee transfers to another position subject to the Civil Service Retirement System

Refund Only— Check if the employee fails to meet either of the two general requirements for retirement upon separation (A) 5 years total civilian service **and** (B) at least one year of service subject to the Civil Service Retirement System in the two year period preceding the separation ("*one of two*" rule)

Deferred Annuity or Refund — Check if the employee, at separation, meets both of the general requirements for retirement but does not meet any of the sets of conditions for immediate annuity opposite

Immediate Annuity — Check if, at separation, the employee meets both of the general requirements and any of the sets of conditions for immediate annuity shown opposite

Minimum Age	Minimum Service (Years)	Special Requirements
62	5	None
60	20	None
55	30	None
Any age	25	Separation must be involuntary without cause or during a major reduction in force as determined by the Civil Service Commission
50	20	
Any age	5	Total disability, "one of two" rule, above, does not apply

Item 7 Explain any difference between the amount of creditable service entered for a period of service and the calendar time represented by the "From" and "To" dates entered for the same period, i.e. Excess LWOP, Intermittent Service, or "Time Lost" during military service. Also use this section to clarify any other entries on the form. For example, if the employee had two periods of military service enter "See Remarks" and the amount of total military service in Section 5C and enter the dates of military service under Remarks

Item 8 The employee is to review and sign the forms during the exit interview or at some other convenient time prior to actual separation. If the employee's signature is not obtained before actual separation, the employee and OPF copies of the form are to be forwarded to the employee for signature. The control copy is to be filed on the right-hand side of the employee's OPF. The material sent to the employee is to include a letter of transmittal which instructs the employee to sign and return the OPF copy and a franked envelope with the agency's return address. If the employee fails to return the OPF copy, the control copy will be retained in the personnel folder. If the OPF copy is returned or if the employee's signature is obtained before separation, the control copy may be discarded.

Items 9-11 The completed forms are to be signed by an authorized agency personnel official, including title, agency name, bureau, division, and mailing address.

NOTE: A current copy of this form is to be filed on the right-hand side of the employee's Official Personnel Folder whenever the folder is transferred between agencies or from an agency to the Federal Records Center, regardless of nature of agency, type of appointment, or reason for separation.

**NOTIFICATION OF PERSONNEL ACTION
FEDERAL BUREAU OF INVESTIGATION**

b2

1. NAME (LAST-FIRST-MIDDLE) ROEMER WILLIAM F JR		MR. - MISS - MRS. MR		2. (FOR AGENCY USE)		3. BIRTH DATE 06-16-26	
VETERAN PREFERENCE 2 1-NO 3-10 PT. DISAB. 5-10 PT. OTHER 2-5 PT. 4-10 PT. COMP.		6. TENURE GROUP 1		7. SERVICE COMP. DATE 05-25-49			
FEGLI 4 1-COVERED (Regular only-defined Optional) 2-INELIGIBLE 3-WAIVED 4-COVERED (Reg. & Opt.)		10. RETIREMENT 1 1-CS 3-FS 5-OTHER 2-FICA 4-NONE		11. (FOR CSC USE)			
12. CODE NATURE OF ACTION 302 RETIREMENT - VOLUNTARY		13. EFFECTIVE DATE CB 02-29-80		14. CIVIL SERVICE OR OTHER LEGAL AUTHORITY			
15. FROM: POSITION TITLE AND NUMBER SPECIAL AGENT 7H-F0-712 170		16. PAY PLAN AND OCCUPATION CODE GS SERIES 1811		17. GRADE OR LEVEL 13		18. SALARY 438186 PA	

19. NAME AND LOCATION OF EMPLOYING OFFICE		21. PAY PLAN AND OCCUPATION CODE		22. GRADE OR LEVEL		23. SALARY	
20. TO: POSITION TITLE AND NUMBER		21. PAY PLAN AND OCCUPATION CODE		22. GRADE OR LEVEL		23. SALARY	
24. NAME AND LOCATION OF EMPLOYING OFFICE		25. POSITION OCCUPIED		26. APPORTIONED POSITION		27. LOCATION CODE	
		1-GENERAL SERVICE 2-EXCEPTED SERVICE		FROM: 1-PROVED-1 2-WAIVED-2 TO: STATE			
26. DUTY STATION / ADDRESS		27. APPROPRIATION		28. POSITION OCCUPIED		29. APPORTIONED POSITION	
				1-GENERAL SERVICE 2-EXCEPTED SERVICE		FROM: 1-PROVED-1 2-WAIVED-2 TO: STATE	

30. REMARKS: ☐ EMPLOYEE REQUESTED 1 YEAR PROBATIONARY (OR TRIAL) PERIOD BEGINNING _____

SEPARATIONS: SHOW REASONS BELOW, AS REQUIRED. CHECK IF APPLICABLE. ☐ DURING PROBATION

AT HIS REQUEST, HE VOLUNTARILY RETIRED IN VIEW OF SECTION 8336(C) 5 USC OF THE CIVIL SERVICE RETIREMENT ACT. (AT LEAST AGE 50, AND 20 YEARS OR MORE INVESTIGATIVE EXPERIENCE), AS AMENDED BY PUBLIC LAW 93-350 APPROVED 7-12-74.

EMPLOYEE STATED HE WAS RETIRING TO ACCEPT A POSITION AS OPERATIONAL SUPERVISOR, SQUAD STATE STRIKE FORCE, IN TUCSON, ARIZONA.

ANNUITY PAYMENTS TO COMMENCE 3-1-80.

Paid hereon for the period covering 2/24/80 thru cb 2/29/80.
Lump-sum payment to cover 264 hrs. bob 3/3/80 and ending
cb 4/16/80.

RECORDED
INDEXED 1030

ERT RESIGN

DIRECTOR

STANDARD FORM 56 JANUARY 1970 U.S. CIVIL SERVICE COMMISSION FPM SUPPLEMENT 870-1 56-109		AGENCY CERTIFICATION OF INSURANCE STATUS Federal Employees Group Life Insurance Program	
1 NAME (Last) (First) (Middle) Roemer, William F., Jr. (Mr.)		2(a) DATE OF BIRTH (Month Day Year) 6-16-26	
3 CHECK THE REASON FOR TERMINATING INSURANCE (a) <input type="checkbox"/> Separated (includes resignations) (b) <input checked="" type="checkbox"/> Retired → NOTE If the reason checked is "b, Retired" your group life insurance (but not accidental death and dismemberment benefits) will continue during retirement if you meet the conditions described in "Notice to Retiring Employee" below (c) <input type="checkbox"/> Died as an employee (d) <input type="checkbox"/> Died as a reemployed annuitant (e) <input type="checkbox"/> End of 12 months non-pay status (f) <input type="checkbox"/> Other (specify)			
4 CHECK APPROPRIATE BOX CONCERNING SF 54, DESIGNATION OF BENEFICIARY (a) <input type="checkbox"/> CURRENT SF 54 ATTACHED (b) <input checked="" type="checkbox"/> A CURRENT SF 54 IS NOT ON FILE WITH THIS AGENCY (c) <input type="checkbox"/> A CURRENT SF 54 IS ON FILE IN THE EMPLOYEE'S OFFICIAL PERSONNEL FOLDER (OR EQUIVALENT) NOTE IF EMPLOYEE (A) DIED OR (B) IS RETIRING OR RECEIVING FEDERAL EMPLOYEES COMPENSATION UNDER CONDITIONS ENTITLING HIM TO RETAIN HIS LIFE INSURANCE, ATTACH CURRENT SF 54 IF ANY, TO ORIGINAL SF 56 AND CHECK BOX 4 (a) ON ORIGINAL AND ALL COPIES OF SF 56. IF NO CURRENT SF 54 IS ON FILE, CHECK BOX 4 (b). IN ALL OTHER CASES, SHOW WHETHER OR NOT CURRENT SF 54 IS ON FILE BY CHECKING BOX 4 (b) OR (c). A CURRENT SF 54 IS ONE THAT HAS NOT BEEN CANCELED BY EMPLOYEE OR AUTOMATICALLY BY TRANSFER OR PRIOR TERMINATION OF INSURANCE			
5 DATE OF EVENT CHECKED IN ITEM 3 (MONTH, DAY YEAR) 2-29-80	6 ANNUAL BASIC PAY RATE (NOT AMOUNT OF INSURANCE) ON DATE IN ITEM 5. CONVERT DAILY HOURLY, PIECEWORK, ETC. RATE TO ANNUAL RATE \$42,876 PER ANNUM	7 DID EMPLOYEE HAVE OPTIONAL INSURANCE ON DATE IN ITEM 5? NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> IF YES GIVE RECEIPT DATE OF ELECTION OF OPTIONAL INSURANCE (SF 176 or 176-T) 2-14-68	8 DATE OF NOTICE OF CONVERSION PRIVILEGE (SF 55) TO EMPLOYEE (MONTH, DAY YEAR)
9 I CERTIFY THAT THE ABOVE INFORMATION HAS BEEN OBTAINED FROM, AND CORRECTLY REFLECTS, OFFICIAL RECORDS AND THAT THE EMPLOYEE NAMED WAS COVERED BY FEDERAL EMPLOYEES GROUP LIFE INSURANCE ON THE DATE SHOWN IN ITEM 5			
Personal signature of authorized agency official <div style="border: 1px solid black; height: 60px; width: 100%;"></div>		Name and address of agency, including zip code FEDERAL BUREAU OF INVESTIGATION J. EDGAR HOOVER BUILDING 10th STREET & PENNSYLVANIA AVE. N.W. WASHINGTON, D.C. 20535	
		Date 2-29-80	

b2
b6

prop/let

md

SEE OTHER SIDE
FOR
INSTRUCTIONS TO EMPLOYING AGENCY

128

und sf

2/29/80

INSTRUCTIONS TO EMPLOYING AGENCY

COMPLETION OF CERTIFICATION

1. This Certification must be completed in triplicate whenever an employee's insurance terminates for
 - a. Death
 - b. Retirement on an immediate annuity with 12 or more years' creditable service, of which at least 5 years are civilian service, or on account of disability (An immediate annuity is one which begins to accrue not later than 1 month after the date the insurance would normally cease.) In a disability retirement case, do not complete SF 56 until a finding of disability has been officially made and the employee's separation is in order.
 - c. Completion of 12 months in a non-pay status or separation, and the employee is receiving benefits under the Federal Employees Compensation law, and held unable to return to duty.
 - d. Any other reason, if the employee desires to convert his life insurance, except under the following circumstances.
 - (1) Employee waived or declined on SF 176 (or SF 176-T),
 - (2) If it is known that, within 3 calendar days after the date the insurance terminated, the employee will return to Government service in the same or another position in which he will be eligible to reacquire Federal Employees Group Life Insurance,
 - (3) More than 75 days have elapsed from the date insurance terminated unless specific request is made therefor by the Civil Service Commission or the Office of Federal Employees' Group Life Insurance.
2. If insurance terminated on account of death, indicate in item 3(a) whether the employee had filed an Application for Retirement (SF 1801) with the Civil Service Commission.
3. In item 8, give date of Notice of Conversion Privilege (SF 55), except that if this form (SF 56) is issued in lieu of SF 55, give current date. In case of death, leave this item blank.
4. It is important whenever a duplicate SF 56 is issued to replace one which has been lost, that it be clearly marked "DUPLICATE".

DISPOSITION OF CERTIFICATION

1. Death of employee—
 - a. Send duplicate of SF 56 immediately to the Office of Federal Employees' Group Life Insurance.
 - b. Keep the original (preferably in the Official Personnel Folder or its equivalent) for attachment to a claim for death benefits (Form FE-6) when received.
 - c. If no claim is received, send original SF 56, upon request, to the Office of Federal Employees' Group Life Insurance.
 - d. If the deceased employee has a current Designation of Beneficiary (SF 54) on file, the SF 54 must be attached to the original SF 56 when it is sent to the Office of Federal Employees' Group Life Insurance.
2. Retirement of employee—
 - a. If the employee is applying for an immediate annuity with 12 or more years' creditable service (of which at least 5 years are civilian service) or for disability, attach the original SF 56 and current Designation of Beneficiary (SF 54), if any, to the Application for Retirement and give duplicate of SF 56 to the employee. NOTE: In a disability retirement case where the retirement application has already been sent to the Civil Service Commission, attach the original SF 56 (and SF 54, if any) to the FINAL individual Retirement Record (SF 1806).
 - b. If the employee wants to continue only his regular insurance, have him complete a SF 176 declining his optional insurance. If he wants to convert only his optional insurance, prepare a statement (see below), in duplicate for him to sign, attach both copies of the statement to the original SF 56, and submit with application for retirement as instructed in 2a above.
Insurance statement
"I want to continue my regular insurance after retirement but would like additional information on converting my optional insurance."

- | (Employee's signature) | (Address—print or type) | (Date) |
|--|-------------------------|--------|
| <ol style="list-style-type: none">c. If the employee prefers to convert both his regular and optional insurance to an individual policy, give him the original and duplicate copy of the SF 56. Retain SF 54, if any. 3. If employee is receiving compensation benefits—<ol style="list-style-type: none">a. Before answering item 7 contact the local Bureau of Employees' Compensation Office, if necessary, to confirm whether the employee still has optional insurance.b. Have the employee complete box on reverse side of the original SF 56. Send original SF 56 and current Designation of Beneficiary (SF 54), if any, to the CIVIL SERVICE COMMISSION BUREAU OF RETIREMENT, PENSION, AND OCCUPATIONAL HEALTH, WASHINGTON, D. C., 20415, and give duplicate copy of SF 56 to the employee.c. If the employee prefers to convert his group insurance to an individual policy, give him the original and duplicate copy of the SF 56. Retain SF 54, if any. 4. All other cases—
Upon request, give the employee the original and duplicate copy of the SF 56 or mail them to him. 5. In all cases—
Retain file copy of the SF 56 in the employee's Official Personnel Folder or its equivalent. | | |

PROMPT CERTIFICATION REQUIRED

The time in which an employee may convert his group life insurance to an individual policy is limited. This SF 56 must be completed and delivered or mailed to him promptly.

Memorandum

Attention: ~~Administrative Division~~ *[Signature]*

SUBJECT SA WILLIAM F. ROEMER, JR.
RETIREMENT MATTER

☐ Resignation ☒ Retiring
☐ Military Leave ☐ Absence for Maternity Reasons

☒ Bureau Badge with case # 3719 (Pkg. #1 attached)
☒ Commission Card with case # 5823 furnished Bureau previously
☐ Agent's Brief Case
☐ Zipper Brief Case
☒ Colt Official Police Revolver # 648365 (Pkg. #2)
☐ S & W Military and Police Revolver # _____
☒ Holster and adapter for above revolver (Pkg. #2)
☒ FBI Handbook # 5823 (Pkg. #1)
☐ Inspectors' Manual # _____
☒ GTRs numbers C-0 224,932-940

☒ FBIIRA Card ☒ destroyed, ☐ not a member, ☐ unable to locate
☒ FD-40 Field Firearms Training Record (Pkg. #1)
☐ FBI Identification Card # _____, destroyed in office
☐ Handbook for FBI Employees, retained for future use
☐ U. S. Government Operator's Identification Card # _____, destroyed in office
☐ Non-Agent Credential Card with case # _____
☐

☐ Performance Rating as of the cease-active-duty date if employee will be absent for maternity reasons or is separating for military service and there has been a substantial change in performance since last rating

☒ Electrocardiogram tracings (Pkg. #1)
☒ Report of Medical History (Pkg. #1)

Forwarding address: 3001 Camino Camelia
Tucson, Arizona 85705
(602) 743-0092

Agents Only: Is above forwarding address changed from that shown on exit interview
form? ☐ Yes ☒ No

2/- Bureau (Enc pkg. #1)

(1 - Pkg. #2 - QUANTICO, ATTN: GUN VAULT ROOM

1 - Phoenix

1 - Phoenix
9 MAR 26 1980
Enc.

RFB (3)



UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

WASHINGTON D C 20535

March 21, 1980

TO WHOM IT MAY CONCERN:

This is to certify that William F. Roemer, Jr., was appointed Special Agent of this Bureau on September 25, 1950. He served continuously in that capacity through February 29, 1980. During his service with this Bureau, he participated in the investigation of violations of laws of the United States and performed duties of a hazardous nature. His services were entirely satisfactory and he met the requirements necessary to retire under the provisions of Section 8336 (c) of Title 5, United States Code, and Public Law 93-350.

Very truly yours,

b6



67-NOT RECORDED
5 MAR 21 1980

3 turn

MEDICAL REPORTS

Personnel File of. Koerner, William F., Jr.

Personnel File No

Retired
2-29-80

3

REPORT OF MEDICAL HISTORY

(THIS INFORMATION IS FOR OFFICIAL AND MEDICALLY-CONFIDENTIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS)

1 LAST NAME—FIRST NAME—MIDDLE NAME ROEMER; WILLIAM FRANCIS		b2	
3 HOME ADDRESS (No street or RFD, city or town, State, and ZIP CODE) 3001 CAMINO CAMELIA TUCSON, AZ 85705		4 POSITION (title grade, component) GS 13	
5 PURPOSE OF EXAMINATION ANNUAL	6 DATE OF EXAMINATION 7-18-79	7 EXAMINING FACILITY OR EXAMINER, AND ADDRESS (Include ZIP Code)	

8 STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past history, if complaint exists)

**OUTSTANDING
NO MEDICATIONS**

9 HAVE YOU EVER (Please check each item)			10 DO YOU (Please check each item)		
YES	NO	(Check each item)	YES	NO	(Check each item)
	<input checked="" type="checkbox"/>	Lived with anyone who had tuberculosis	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Wear glasses or contact lenses
	<input checked="" type="checkbox"/>	Coughed up blood	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Have vision in both eyes
	<input checked="" type="checkbox"/>	Bled excessively after injury or tooth extraction		<input checked="" type="checkbox"/>	Wear a hearing aid
	<input checked="" type="checkbox"/>	Attempted suicide		<input checked="" type="checkbox"/>	Stutter or stammer habitually
	<input checked="" type="checkbox"/>	Been a sleepwalker		<input checked="" type="checkbox"/>	Wear a brace or back support

11 HAVE YOU EVER HAD OR HAVE YOU NOW (Please check at left of each item)							
YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)
<input checked="" type="checkbox"/>			Scarlet fever, erysipelas		<input checked="" type="checkbox"/>		Cramps in your legs
	<input checked="" type="checkbox"/>		Rheumatic fever		<input checked="" type="checkbox"/>		Frequent indigestion
	<input checked="" type="checkbox"/>		Swollen or painful joints		<input checked="" type="checkbox"/>		Stomach, liver, or intestinal trouble
	<input checked="" type="checkbox"/>		Frequent or severe headache		<input checked="" type="checkbox"/>		Gall bladder trouble or gallstones
	<input checked="" type="checkbox"/>		Dizziness or fainting spells		<input checked="" type="checkbox"/>		Jaundice or hepatitis
	<input checked="" type="checkbox"/>		Eye trouble		<input checked="" type="checkbox"/>		Adverse reaction to serum, drug, or medicine
	<input checked="" type="checkbox"/>		Ear, nose, or throat trouble		<input checked="" type="checkbox"/>		Broken bones
<input checked="" type="checkbox"/>			Hearing loss		<input checked="" type="checkbox"/>		Tumor, growth cyst, cancer
	<input checked="" type="checkbox"/>		Chronic or frequent colds		<input checked="" type="checkbox"/>		Rupture/hernia
	<input checked="" type="checkbox"/>		Severe tooth or gum trouble		<input checked="" type="checkbox"/>		Piles or rectal disease
	<input checked="" type="checkbox"/>		Sinusitis		<input checked="" type="checkbox"/>		Frequent or painful urination
	<input checked="" type="checkbox"/>		Hay Fever		<input checked="" type="checkbox"/>		Bed wetting since age 12
	<input checked="" type="checkbox"/>		Head injury		<input checked="" type="checkbox"/>		Kidney stone or blood in urine
	<input checked="" type="checkbox"/>		Skin diseases		<input checked="" type="checkbox"/>		Sugar or albumin in urine
	<input checked="" type="checkbox"/>		Thyroid trouble		<input checked="" type="checkbox"/>		VD—Syphilis, gonorrhea, etc
	<input checked="" type="checkbox"/>		Tuberculosis		<input checked="" type="checkbox"/>		Recent gain or loss of weight
	<input checked="" type="checkbox"/>		Asthma		<input checked="" type="checkbox"/>		Arthritis, Rheumatism, or Bursitis
	<input checked="" type="checkbox"/>		Shortness of breath		<input checked="" type="checkbox"/>		Bone, joint or other deformity
	<input checked="" type="checkbox"/>		Pain or pressure in chest		<input checked="" type="checkbox"/>		Lameness
	<input checked="" type="checkbox"/>		Chronic cough		<input checked="" type="checkbox"/>		Loss of finger or toe
	<input checked="" type="checkbox"/>		Palpitation or pounding heart		<input checked="" type="checkbox"/>		Painful or 'trick' shoulder or elbow
	<input checked="" type="checkbox"/>		Heart trouble		<input checked="" type="checkbox"/>		Recurrent back pain
	<input checked="" type="checkbox"/>		High or low blood pressure		<input checked="" type="checkbox"/>		

13 WHAT IS YOUR USUAL OCCUPATION? FBI AGENT	14 ARE YOU (Check one) <input type="checkbox"/> Right handed <input checked="" type="checkbox"/> Left handed
---	---

WR /

YES	NO	CHECK EACH ITEM YES OR NO EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
✓		<div style="display: flex;"> <div style="width: 30%;"> <p>15 Have you been refused employment or been unable to hold a job or stay in school because of</p> <p>A Sensitivity to chemicals, dust, sunlight, etc</p> <p>B Inability to perform certain motions</p> <p>C Inability to assume certain positions</p> <p>D Other medical reasons (If yes, give reasons)</p> </div> <div style="width: 70%; padding-left: 20px;"> <p>18 219 Surgery for ear age 12 Burgess Hospital, Kalamazoo Mich</p> </div> </div>
✓		<div style="display: flex;"> <div style="width: 30%;"> <p>16 Have you ever been treated for a mental condition? (If yes, specify when, where, and give details)</p> <p>17 Have you ever been denied life insurance? (If yes, state reason and give details)</p> <p>18 Have you had, or have you been advised to have, any operations? (If yes describe and give age at which occurred)</p> <p>19 Have you ever been a patient in any type of hospitals? (If yes, specify when, where, why, and name of doctor and complete address of hospital)</p> <p>20 Have you ever had any illness or injury other than those already noted? (If yes, specify when, where, and give details)</p> <p>21 Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (If yes, give complete address of doctor, hospital, clinic, and details)</p> <p>22 Have you ever been rejected for military service because of physical, mental, or other reasons? (If yes, give date and reason for rejection)</p> <p>23 Have you ever been discharged from military service because of physical, mental, or other reasons? (If yes, give date, reason, and type of discharge whether honorable, other than honorable, for unfitness or unsuitability)</p> <p>24 Have you ever received, is there pending, or have you applied for pension or compensation for existing disability? (If yes, specify what kind, granted by whom, and what amount, when, why)</p> </div> <div style="width: 70%; padding-left: 20px;"> <p>Tonsilectomy age 21 St Joseph Hospital South Bend, Ind</p> </div> </div>
<p>I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge I authorize any of the doctors, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record for purposes of processing my application for this employment or service</p>		
<p>TYPED OR PRINTED NAME OF EXAMINEE</p> <p>WILLIAM FRANCIS ROEMER, JR</p>		<p>SIGNATURE</p> <p><i>Wm F Roemer Jr</i></p>
<p>NOTE HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY"</p> <p>25 Physician's summary and elaboration of all pertinent data (Physician shall comment on all positive answers to items 9 through 24 Physician may develop by interview any additional medical history he deems important, and record any significant findings here)</p> <p>No significant interval history since last physical examination.</p>		
		b6
		NUMBER OF ATTACHED SHEETS

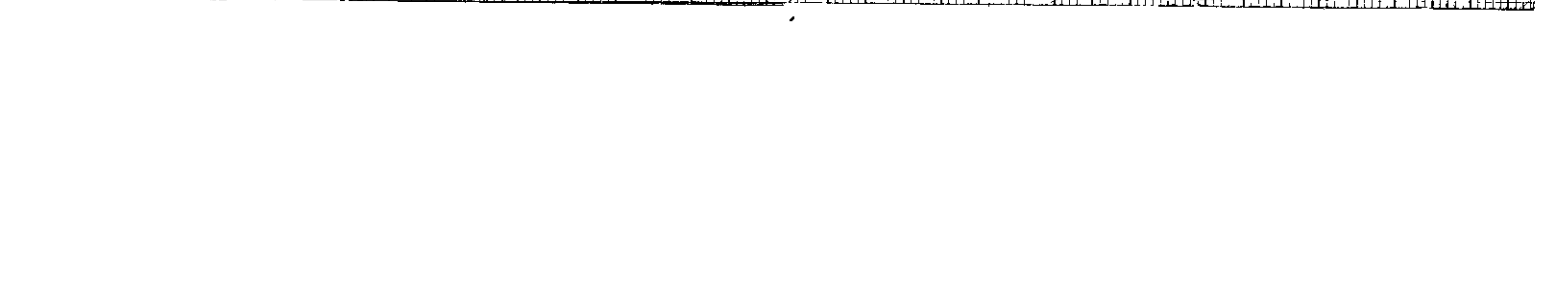
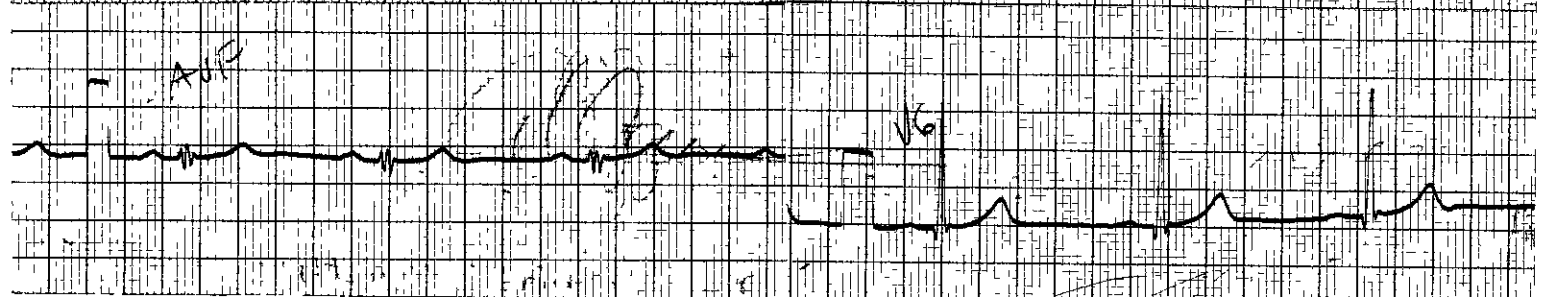
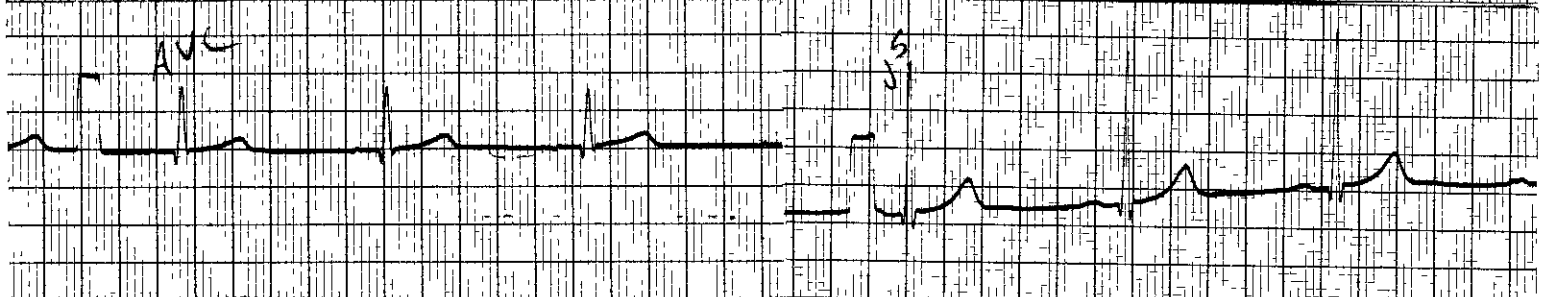
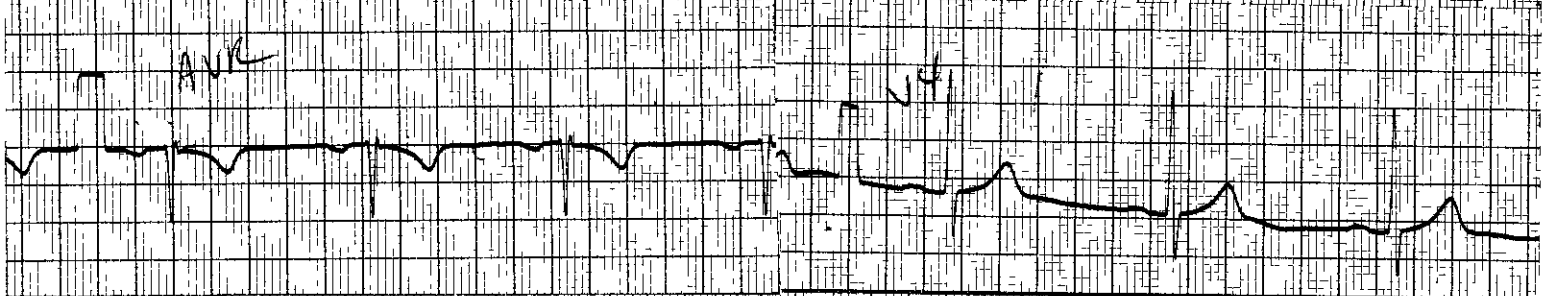
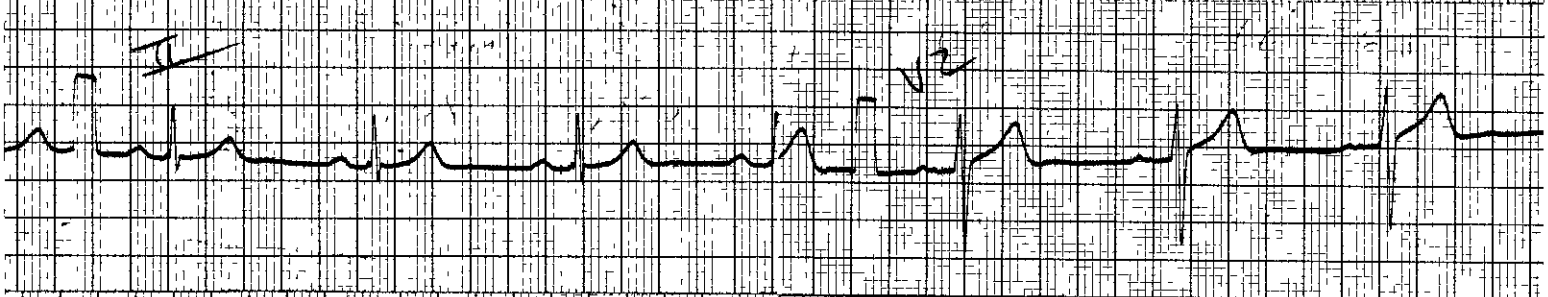
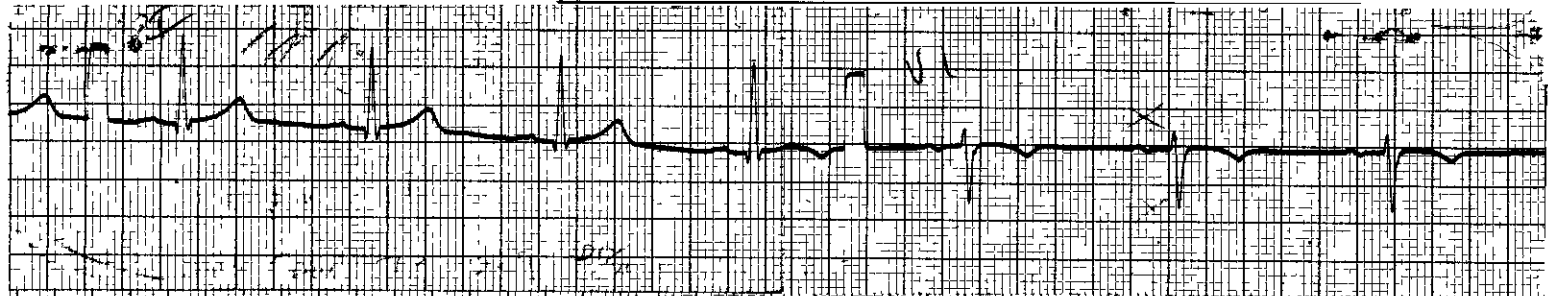
CLINICAL RECORD						ELECTROCARDIOGRAPHIC RECORD		PREVIOUS ECG <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
CLINICAL IMPRESSION Annual						MEDICATION None		<input type="checkbox"/> EMERGENCY <input type="checkbox"/> BEDSIDE <input checked="" type="checkbox"/> ROUTINE <input checked="" type="checkbox"/> AMBULANT	
AGE 53	SEX Male	RACE Cau	HEIGHT 73	WEIGHT 209	B P 120/74				DATE 8 Jul 79
RHYTHM Sinus						AXIS DEVIATION (QRS) 0°		RATES AURIC 60 VENT 60	
INTERVALS PR .18 QRS .08 QT.40						P WAVES			
QRS COMPLEXES									
RS-T SEGMENT						T WAVES			
UNIPOLAR EXTREMITY LEADS (Specify)									
WNL									
PRECORDIAL LEADS (Specify)									
WNL									
SUMMARY, SERIAL CHANGES AND IMPLICATIONS									
Within normal limits									
NO ECG								DATE	
								SGP	
PATIENT'S IDENTIFICATION (For typed or written entries give Name—last first middle, grade, date, hospital or medical facility)						REGISTER NO		WARD NO	
ROEMER, WILLIAM FRANCIS, JR. USAF Hosp, Davis-Monthan AFB, Arizona									

ELECTROCARDIOGRAPHIC RECORD
(Attach Tracings to SF-507)

Standard Form 520
Revised April 1968
General Services Administration &
Interagency Comm on Medical Records
FPMR 101-11-809-3
520-105

GPO 1972 O 461 631

W/R



REPORT OF MEDICAL HISTORY

(THIS INFORMATION IS FOR OFFICIAL AND MEDICALLY-CONFIDENTIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS)

1 LAST NAME—FIRST NAME—MIDDLE NAME ROEMER, WM F, ROEMER, JR		b2	
3 HOME ADDRESS (No street or RFD, city or town, State, and ZIP CODE) 3001 CAMINO CAMELIA TUCSON, ARIZONA 85705		4 POSITION (title, grade, component) SP. AGT. GS 13-10	
5 PURPOSE OF EXAMINATION ANNUAL	6 DATE OF EXAMINATION 27 JUL 78	7 EXAMINING FACILITY OR EXAMINER, AND ADDRESS (Include ZIP Code) USAF Hosp/SGP Davis-Monthan AFB, AZ 85707	

8 STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past history, if complaint exists)

OUTSTANDING NO MEDS

9 HAVE YOU EVER (Please check each item)				10 DO YOU (Please check each item)			
YES	NO	(Check each item)		YES	NO	(Check each item)	
	<input checked="" type="checkbox"/>	Lived with anyone who had tuberculosis			<input checked="" type="checkbox"/>	Wear glasses or contact lenses	
	<input checked="" type="checkbox"/>	Coughed up blood			<input checked="" type="checkbox"/>	Have vision in both eyes	
	<input checked="" type="checkbox"/>	Bled excessively after injury or tooth extraction			<input checked="" type="checkbox"/>	Wear a hearing aid	
	<input checked="" type="checkbox"/>	Attempted suicide			<input checked="" type="checkbox"/>	Stutter or stammer habitually	
	<input checked="" type="checkbox"/>	Been a sleepwalker			<input checked="" type="checkbox"/>	Wear a brace or back support	

11 HAVE YOU EVER HAD OR HAVE YOU NOW (Please check at left of each item)							
YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)
<input checked="" type="checkbox"/>			Scarlet fever, erysipelas		<input checked="" type="checkbox"/>		Cramps in your legs
	<input checked="" type="checkbox"/>		Rheumatic fever		<input checked="" type="checkbox"/>		Frequent indigestion
	<input checked="" type="checkbox"/>		Swollen or painful joints		<input checked="" type="checkbox"/>		Stomach, liver or intestinal trouble
	<input checked="" type="checkbox"/>		Frequent or severe headache		<input checked="" type="checkbox"/>		Gall bladder trouble or gallstones
	<input checked="" type="checkbox"/>		Dizziness or fainting spells		<input checked="" type="checkbox"/>		Jaundice or hepatitis
	<input checked="" type="checkbox"/>		Eye trouble		<input checked="" type="checkbox"/>		Adverse reaction to serum, drug, or medicine
	<input checked="" type="checkbox"/>		Ear, nose, or throat trouble		<input checked="" type="checkbox"/>		Broken bones
<input checked="" type="checkbox"/>			Hearing loss		<input checked="" type="checkbox"/>		Tumor, growth, cyst, cancer
	<input checked="" type="checkbox"/>		Chronic or frequent colds		<input checked="" type="checkbox"/>		Rupture/hernia
	<input checked="" type="checkbox"/>		Severe tooth or gum trouble		<input checked="" type="checkbox"/>		Piles or rectal disease
	<input checked="" type="checkbox"/>		Sinusitis		<input checked="" type="checkbox"/>		Frequent or painful urination
	<input checked="" type="checkbox"/>		Hay Fever		<input checked="" type="checkbox"/>		Bed wetting since age 12
	<input checked="" type="checkbox"/>		Head injury		<input checked="" type="checkbox"/>		Kidney stone or blood in urine
	<input checked="" type="checkbox"/>		Skin diseases		<input checked="" type="checkbox"/>		Sugar or albumin in urine
	<input checked="" type="checkbox"/>		Thyroid trouble		<input checked="" type="checkbox"/>		VD—Syphilis, gonorrhea, etc
	<input checked="" type="checkbox"/>		Tuberculosis		<input checked="" type="checkbox"/>		Recent gain or loss of weight
	<input checked="" type="checkbox"/>		Asthma		<input checked="" type="checkbox"/>		Arthritis, Rheumatism, or Bursitis
	<input checked="" type="checkbox"/>		Shortness of breath		<input checked="" type="checkbox"/>		Bone, joint or other deformity
	<input checked="" type="checkbox"/>		Pain or pressure in chest		<input checked="" type="checkbox"/>		Lameness
	<input checked="" type="checkbox"/>		Chronic cough		<input checked="" type="checkbox"/>		Loss of finger or toe
	<input checked="" type="checkbox"/>		Palpitation or pounding heart		<input checked="" type="checkbox"/>		Painful or "trick" shoulder or elbow
	<input checked="" type="checkbox"/>		Heart trouble		<input checked="" type="checkbox"/>		Recurrent back pain
	<input checked="" type="checkbox"/>		High or low blood pressure				

13 WHAT IS YOUR USUAL OCCUPATION?

FBI AGENT

14 ARE YOU (Check one)

☐ Right handed ☒ Left handed

WFR

YES	NO	CHECK EACH ITEM YES OR NO EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
		15 Have you been refused employment or been unable to hold a job or stay in school because of A Sensitivity to chemicals, dust, sun light, etc
		B Inability to perform certain motions
		C Inability to assume certain positions
		D Other medical reasons (If yes, give reasons)
		16 Have you ever been treated for a mental condition? (If yes, specify when, where, and give details)
		17 Have you ever been denied life insurance? (If yes, state reason and give details)
		18 Have you had, or have you been advised to have, any operations? (If yes, describe and give age at which occurred)
		19 Have you ever been a patient in any type of hospitals? (If yes, specify when, where, why, and name of doctor and complete address of hospital)
		20 Have you ever had any illness or injury other than those already noted? (If yes, specify when, where, and give details)
		21 Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (If yes, give complete address of doctor, hospital, clinic, and details)
		22 Have you ever been rejected for military service because of physical, mental, or other reasons? (If yes, give date and reason for rejection)
		23 Have you ever been discharged from military service because of physical, mental, or other reasons? (If yes, give date, reason, and type of discharge whether honorable, other than honorable, for unfitness or unsuitability)
		24 Have you ever received, is there pending, or have you applied for pension or compensation for existing disability? (If yes, specify what kind, granted by whom, and what amount, when, why)

TONCILECTOMY AGE 21 ST-JOS-SO. BEND 140
 EAR OPERATION AGE 12, BURGESS,
 KALAMA 200, MICH

I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge
 I authorize any of the doctors, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record for purposes of processing my application for this employment or service

TYPED OR PRINTED NAME OF EXAMINEE

WM F ROEMER, JR.

SIGNATURE

Wm F Roemer

NOTE HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY"

25 Physician's summary and elaboration of all pertinent data (Physician shall comment on all positive answers in items 9 through 24. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.)

No significant interval history.

b6

NUMBER OF ATTACHED SHEETS

CLINICAL RECORD				ELECTROCARDIOGRAPHIC RECORD				PREVIOUS ECG	
CLINICAL IMPRESSION				MEDICATION				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
FBI Annual				None				<input type="checkbox"/> EMERGENCY <input type="checkbox"/> BEDSIDE <input checked="" type="checkbox"/> ROUTINE <input checked="" type="checkbox"/> AMBULANT	
AGE	SEX	RACE	HEIGHT	WEIGHT	B P	DATE			
52	Male	Cau	73	209	138/80	27 Jul 78			
RHYTHM				AXIS DEVIATION (QRS)		RATES			
Sinus bradycardia				+10°		AURIC. 55 VENT 55			
INTERVALS				P WAVES					
PR .20 QRS 08 QT 40				WNL					
QRS COMPLEXES				T WAVES					
WNL				WNL					
RS-T SEGMENT									
WNL									
UNIPOLAR EXTREMITY LEADS (Specify)									
PRECORDIAL LEADS (Specify)									
SUMMARY, SERIAL CHANGES AND IMPLICATIONS									
Within normal limits									
NO ECG						DATE			
PATIENT'S IDENTIFICATION (For typed or written entries give Name—last, first, middle, grade, date, hospital or medical facility)						REGISTER NO		WARD NO	
ROEMER, WILLIAM FRANCIS, JR. FBI Agent USAF Hosp, Davis-Monthan AFB, Arizona								SGP	

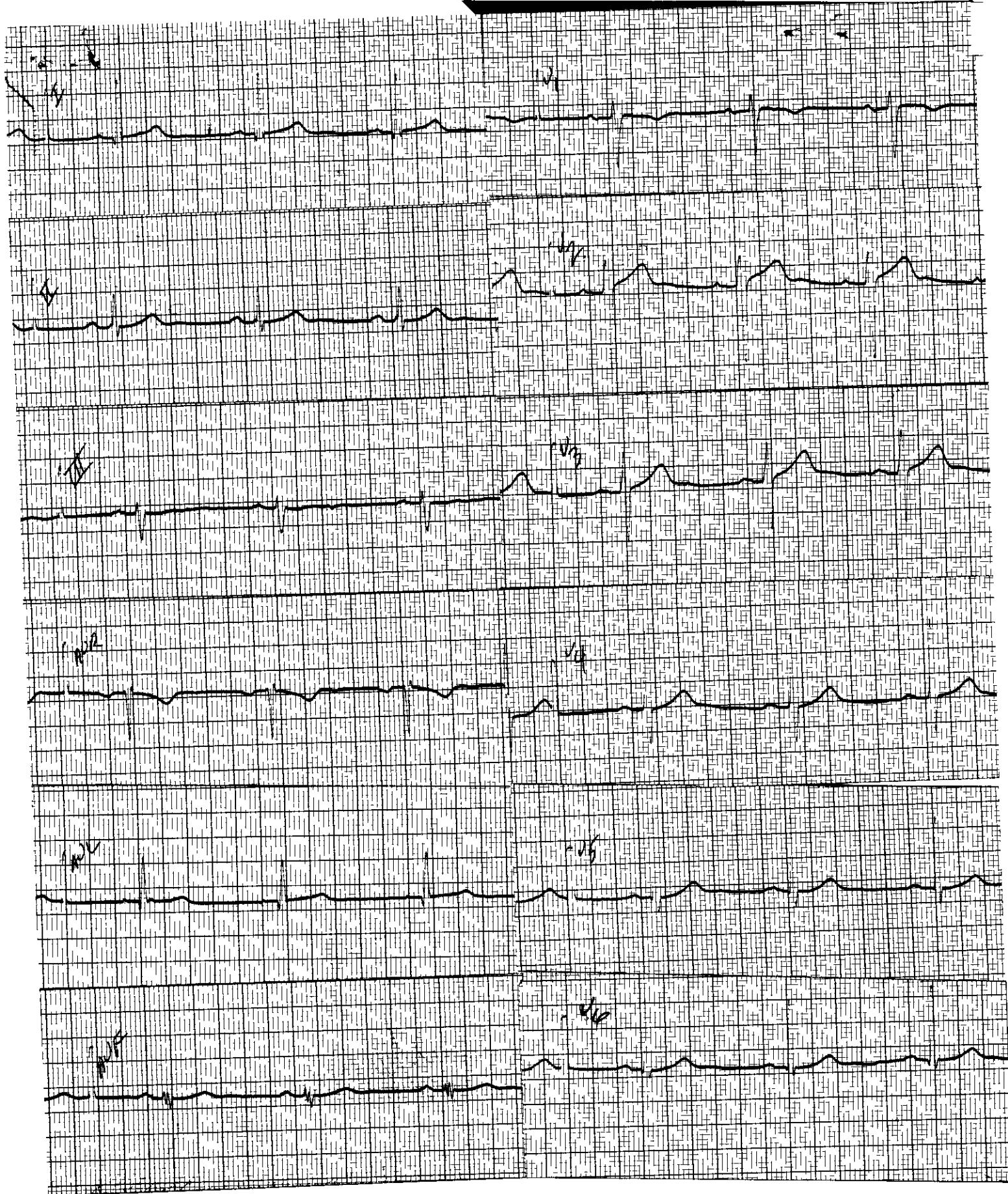
b2
b6

ELECTROCARDIOGRAPHIC RECORD
(Attach Tracings to SF-507)

Standard Form 520
GENERAL SERVICES ADMINISTRATION AND
INTERAGENCY COMMITTEE ON MEDICAL RECORDS
FPMR 101-11.806-8
OCTOBER 1975 520-106

☆U. S. GPO-1977-0-241-530/3371

48



REPORT OF MEDICAL HISTORY

(THIS INFORMATION IS FOR OFFICIAL AND MEDICALLY-CONFIDENTIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS)

1 LAST NAME—FIRST NAME—MIDDLE NAME Roemer, William Francis, Jr.				b2					
3 HOME ADDRESS (No street or RFD, city or town, State, and ZIP CODE) 15608 ROSE DR. SOUTH HOLLAND, ILL				4 POSITION (City, grade, component) Special Agent					
5 PURPOSE OF EXAMINATION Annual		6 DATE OF EXAMINATION 7/12/77		7 EXAMINING FACILITY OR EXAMINER, AND ADDRESS (Include ZIP Code) U.S. Army Health Clinic Ft. Sheridan, Illinois 60037					
8 STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past history, if complaint exists) Excellent — no meds									
9 HAVE YOU EVER (Please check each item)				10 DO YOU (Please check each item)					
YES	NO	(Check each item)		YES	NO	(Check each item)			
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> Lived with anyone who had tuberculosis		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> Wear glasses or contact lenses			
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> Coughed up blood		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> Have vision in both eyes			
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> Bled excessively after injury or tooth extraction		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> Wear a hearing aid			
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> Attempted suicide		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> Stutter or stammer habitually			
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> Been a sleepwalker		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> Wear a brace or back support			
11 HAVE YOU EVER HAD OR HAVE YOU NOW (Please check at left of each item)									
YES	NO	DON'T KNOW	(Check each item)		YES	NO	DON'T KNOW	(Check each item)	
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Scarlet fever, erysipelas	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> "Trick" or locked knee
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Rheumatic fever		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Foot trouble
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Swollen or painful joints		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Neuritis
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Frequent or severe headache		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Paralysis (include infantile)
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Dizziness or fainting spells		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Epilepsy or fits
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Eye trouble		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Car, train, sea or air sickness
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Ear, nose, or throat trouble		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Frequent trouble sleeping
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Hearing loss	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Depression or excessive worry
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Chronic or frequent colds		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Loss of memory or amnesia
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Severe tooth or gum trouble		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Nervous trouble of any sort
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Sinusitis		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Periods of unconsciousness
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Hay Fever					
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Head injury					
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Skin diseases					
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Thyroid trouble					
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Tuberculosis					
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Asthma					
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Shortness of breath					
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Pain or pressure in chest					
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Chronic cough					
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Palpitation or pounding heart					
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Heart trouble					
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> High or low blood pressure					
13 WHAT IS YOUR USUAL OCCUPATION?					14 ARE YOU (Check one)			12 FEMALES ONLY HAVE YOU EVER	
					<input type="checkbox"/> Right handed <input checked="" type="checkbox"/> Left handed			<input type="checkbox"/> Been treated for a female disorder <input type="checkbox"/> Had a change in menstrual pattern	

YES	NO	CHECK EACH ITEM YES OR NO EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
	X	15 Have you been refused employment or been unable to hold a job or stay in school because of A Sensitivity to chemicals, dust, sun light, etc
	X	B Inability to perform certain motions
	X	C Inability to assume certain positions
	X	D Other medical reasons (If yes, give reasons)
	X	16 Have you ever been treated for a mental condition? (If yes, specify when, where, and give details)
	X	17 Have you ever been denied life insurance? (If yes, state reason and give details)
X		18 Have you had, or have you been advised to have, any operations? (If yes, describe and give age at which occurred)
X		19 Have you ever been a patient in any type of hospitals? (If yes, specify when, where, why, and name of doctor and complete address of hospital)
	X	20 Have you ever had any illness or injury other than those already noted? (If yes, specify when, where, and give details)
	X	21 Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (If yes, give complete address of doctor, hospital clinic, and details)
	X	22 Have you ever been rejected for military service because of physical, mental, or other reasons? (If yes, give date and reason for rejection)
	X	23 Have you ever been discharged from military service because of physical, mental, or other reasons? (If yes, give date, reason, and type of discharge whether honorable, other than honorable, for unfitness or unsuitability)
	X	24 Have you ever received, is there pending, or have you applied for pension or compensation for existing disability? (If yes specify what kind, granted by whom, and what amount, when, why)

Ear operation, age 12, Burgess Hospital, Kalamazoo, Michigan

Tonsillectomy, age 21, St. Joseph's Hospital South Bend, Indiana

I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge
I authorize any of the doctors, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record for purposes of processing my application for this employment or service

TYPED OR PRINTED NAME OF EXAMINEE
William F. Roemer, Jr.

SIGNATURE

W F Roemer Jr

NOTE HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY"

25 Physician's summary and elaboration of all pertinent data (Physician shall comment on all positive answers in items 9 through 24 Physician may develop by interview any additional medical history he deems important, and record any significant findings here)

*Scrubbed from 3rd grade
Incision on rt ear drum fol. swimming age 12 yrs: No recurrence of trouble.
Some high frequency loss of hearing on physical
nose fractured several times, I left them. No problem now.*

b6

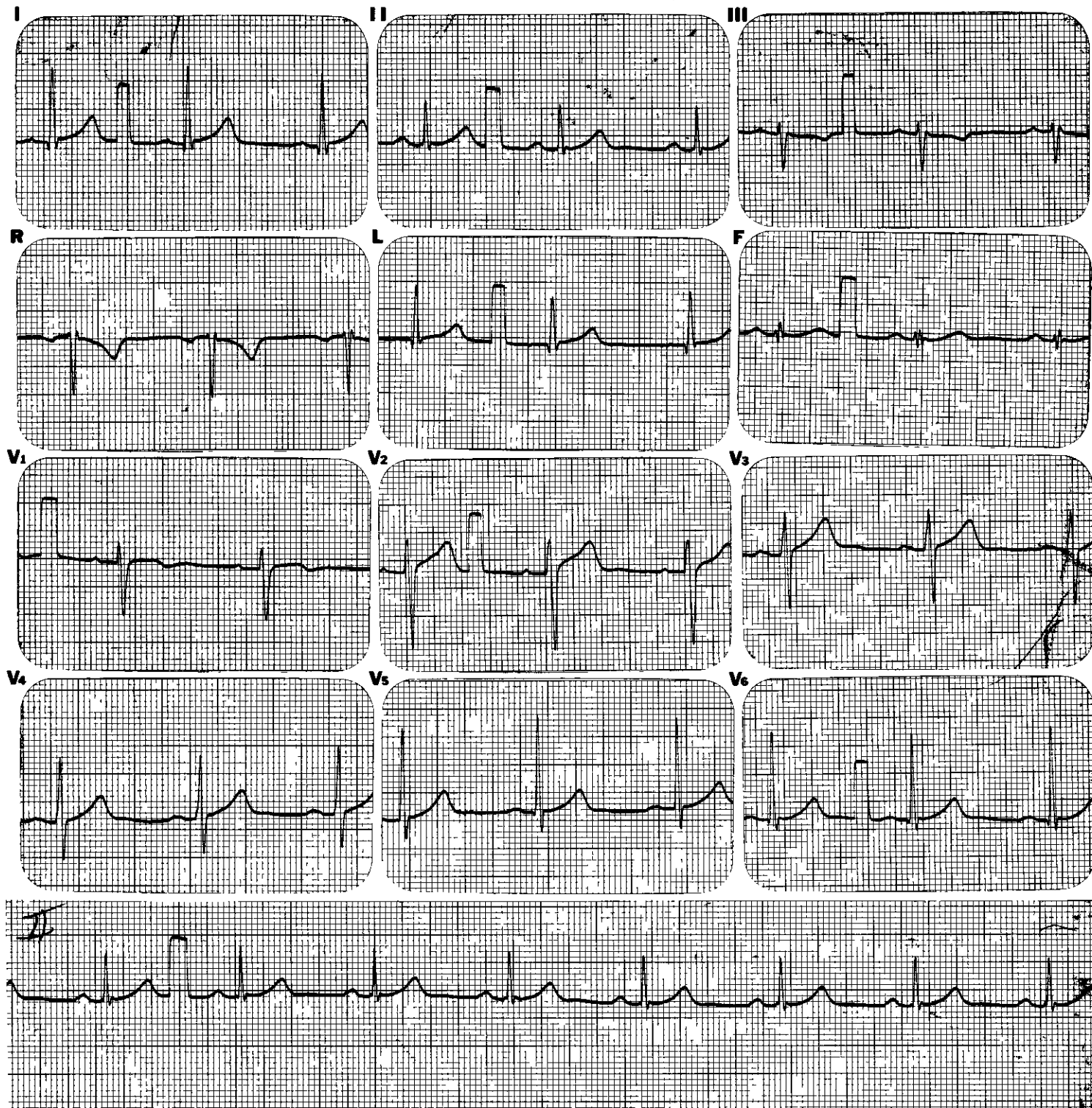
TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER

DATE

12-July-77

NUMBER OF ATTACHED SHEETS

100-5-100-20
EKG SHRYDAN, TE 60087



CLIN DIAG.

ECG DESCRIPTION

INTERPRETATION

DIG () QUIN () AGE 51 SEX M BP 132/90

ECG REQUEST BY _____
 ATR RATE _____ VENTR RATE _____
 INTERVALS P-R _____ QRS _____ QTc _____
 AXIS: _____
 RHYTHM: _____

b2
b6

Normal EKG

598

PATIENT

NAME ROEMER LMF
 UNIT FBI
 PHONE No. [Redacted]

INTERPRETED BY _____
 DATE _____

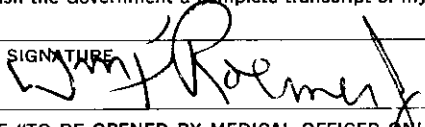
[Redacted Signature Box]

12 July 77

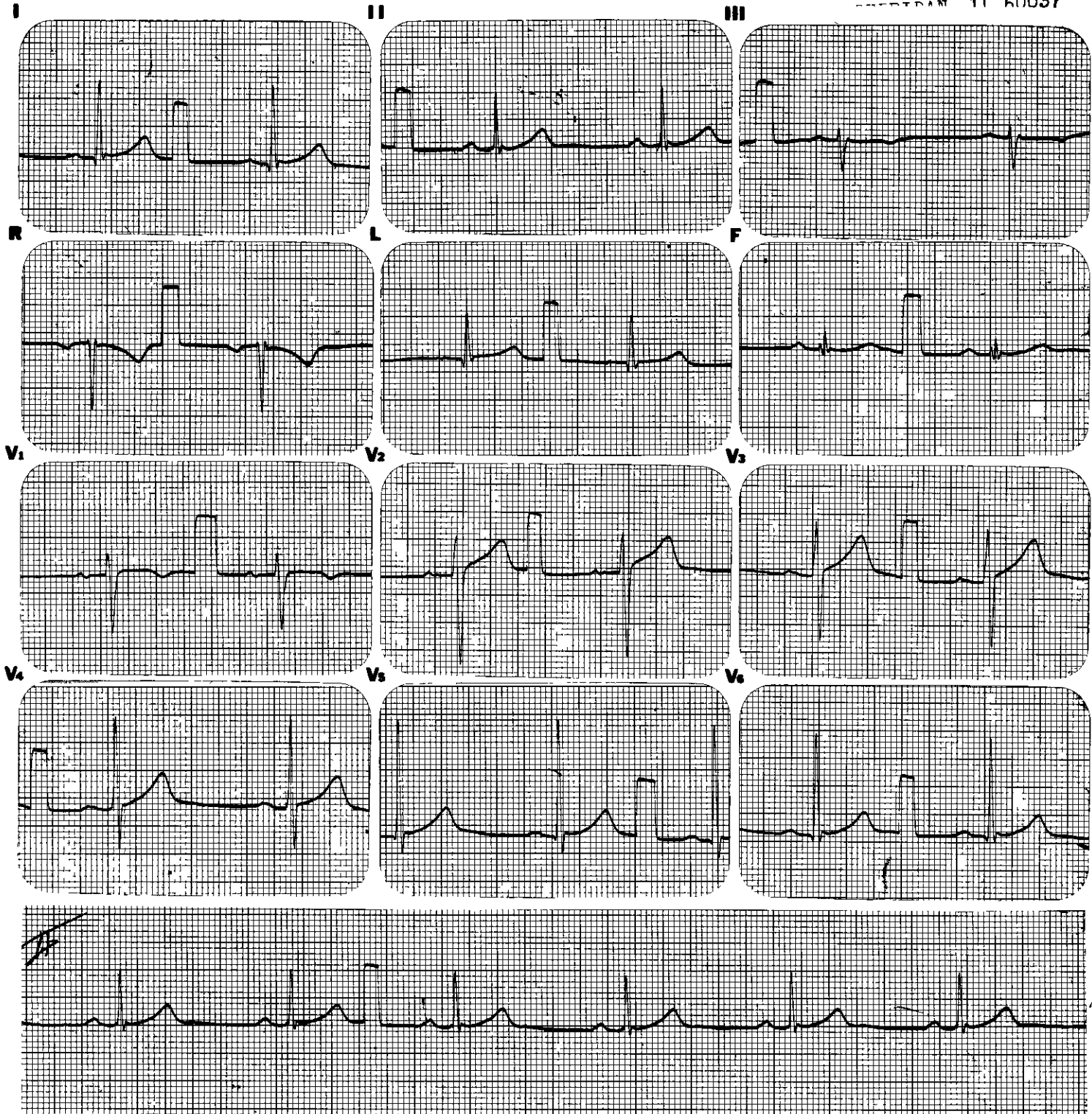
REPORT OF MEDICAL HISTORY

(THIS INFORMATION IS FOR OFFICIAL AND MEDICALLY-CONFIDENTIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS)

1 LAST NAME—FIRST NAME—MIDDLE NAME Roemer, William Francis, Jr.			<div style="border: 1px solid black; height: 30px; width: 100%;"></div> b2				
3 HOME ADDRESS (No street or RFD, city or town, State, and ZIP CODE)			4 POSITION (Title, grade component) Special Agent				
5 PURPOSE OF EXAMINATION Annual		6 DATE OF EXAMINATION 7/9/76		7 EXAMINING FACILITY OR EXAMINER, AND ADDRESS (Include ZIP Code) U.S. Army Health Clinic Ft. Sheridan, Illinois 60037			
8 STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past history, if complaint exists) <div style="font-size: 1.5em; margin-top: 10px;">Excellent</div>							
9 HAVE YOU EVER (Please check each item)			10 DO YOU (Please check each item)				
YES	NO	(Check each item)	YES	NO	(Check each item)		
	<input checked="" type="checkbox"/>	Lived with anyone who had tuberculosis		<input checked="" type="checkbox"/>	Wear glasses or contact lenses		
	<input checked="" type="checkbox"/>	Coughed up blood	<input checked="" type="checkbox"/>		Have vision in both eyes		
	<input checked="" type="checkbox"/>	Bled excessively after injury or tooth extraction		<input checked="" type="checkbox"/>	Wear a hearing aid		
	<input checked="" type="checkbox"/>	Attempted suicide		<input checked="" type="checkbox"/>	Stutter or stammer habitually		
	<input checked="" type="checkbox"/>	Been a sleepwalker		<input checked="" type="checkbox"/>	Wear a brace or back support		
11 HAVE YOU EVER HAD OR HAVE YOU NOW (Please check at left of each item)							
YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)
<input checked="" type="checkbox"/>			Scarlet fever, erysipelas		<input checked="" type="checkbox"/>		Cramps in your legs
	<input checked="" type="checkbox"/>		Rheumatic fever		<input checked="" type="checkbox"/>		Frequent indigestion
	<input checked="" type="checkbox"/>		Swollen or painful joints		<input checked="" type="checkbox"/>		Stomach liver or intestinal trouble
	<input checked="" type="checkbox"/>		Frequent or severe headache		<input checked="" type="checkbox"/>		Gall bladder trouble or gallstones
	<input checked="" type="checkbox"/>		Dizziness or fainting spells		<input checked="" type="checkbox"/>		Jaundice or hepatitis
	<input checked="" type="checkbox"/>		Eye trouble		<input checked="" type="checkbox"/>		Adverse reaction to serum, drug, or medicine
	<input checked="" type="checkbox"/>		Ear, nose, or throat trouble		<input checked="" type="checkbox"/>		Broken bones
	<input checked="" type="checkbox"/>		Hearing loss	<input checked="" type="checkbox"/>			Tumor, growth, cyst, cancer
	<input checked="" type="checkbox"/>		Chronic or frequent colds		<input checked="" type="checkbox"/>		Rupture/hernia
	<input checked="" type="checkbox"/>		Severe tooth or gum trouble		<input checked="" type="checkbox"/>		Piles or rectal disease
	<input checked="" type="checkbox"/>		Sinusitis		<input checked="" type="checkbox"/>		Frequent or painful urination
	<input checked="" type="checkbox"/>		Hay Fever		<input checked="" type="checkbox"/>		Bed wetting since age 12
	<input checked="" type="checkbox"/>		Head injury		<input checked="" type="checkbox"/>		Kidney stone or blood in urine
	<input checked="" type="checkbox"/>		Skin diseases		<input checked="" type="checkbox"/>		Sugar or albumin in urine
	<input checked="" type="checkbox"/>		Thyroid trouble		<input checked="" type="checkbox"/>		VD—Syphilis, gonorrhea, etc
	<input checked="" type="checkbox"/>		Tuberculosis		<input checked="" type="checkbox"/>		Recent gain or loss of weight
	<input checked="" type="checkbox"/>		Asthma		<input checked="" type="checkbox"/>		Arthritis, Rheumatism or Bursitis
	<input checked="" type="checkbox"/>		Shortness of breath		<input checked="" type="checkbox"/>		Bone, joint or other deformity
	<input checked="" type="checkbox"/>		Pain or pressure in chest		<input checked="" type="checkbox"/>		Lameness
	<input checked="" type="checkbox"/>		Chronic cough		<input checked="" type="checkbox"/>		Loss of finger or toe
	<input checked="" type="checkbox"/>		Palpitation or pounding heart		<input checked="" type="checkbox"/>		Painful or "trick" shoulder or elbow
	<input checked="" type="checkbox"/>		Heart trouble		<input checked="" type="checkbox"/>		Recurrent back pain
	<input checked="" type="checkbox"/>		High or low blood pressure		<input checked="" type="checkbox"/>		
13 WHAT IS YOUR USUAL OCCUPATION?				14 ARE YOU (Check one) <input type="checkbox"/> Right handed <input checked="" type="checkbox"/> Left handed			

YES	NO	CHECK EACH ITEM YES OR NO EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
✓		15 Have you been refused employment or been unable to hold a job or stay in school because of A Sensitivity to chemicals, dust, sun light, etc
✓		B Inability to perform certain motions
✓		C Inability to assume certain positions
✓		D Other medical reasons (If yes, give reasons)
✓		16 Have you ever been treated for a mental condition? (If yes, specify when, where, and give details)
✓		17 Have you ever been denied life insurance? (If yes, state reason and give details)
✓		18 Have you had, or have you been advised to have, any operations? (If yes, describe and give age at which occurred)
✓		19 Have you ever been a patient in any type of hospitals? (If yes, specify when, where, why, and name of doctor and complete address of hospital)
✓		20 Have you ever had any illness or injury other than those already noted? (If yes, specify when, where, and give details)
✓		21 Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (If yes, give complete address of doctor, hospital, clinic, and details)
✓		22 Have you ever been rejected for military service because of physical, mental, or other reasons? (If yes, give date and reason for rejection)
✓		23 Have you ever been discharged from military service because of physical, mental or other reasons? (If yes, give date, reason, and type of discharge whether honorable, other than honorable, for unfitness or unsuitability)
✓		24 Have you ever received, is there pending, or have you applied for pension or compensation for existing disability? (If yes, specify what kind, granted by whom, and what amount, when, why)
I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge I authorize any of the doctors, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record for purposes of processing my application for this employment or service		
TYPED OR PRINTED NAME OF EXAMINEE William Francis Roemer, Jr.		SIGNATURE 
NOTE HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY" 25 Physician's summary and elaboration of all pertinent data (Physician shall comment on all positive answers in items 9 through 24 Physician may develop by interview any additional medical history he deems important, and record any significant findings here)		
<div style="font-family: cursive;"> scarlet fever age 8 - no sequelae ear infection & TM's lanced - 12 yrs - no sequelae hearing loss - high freq Rx nose & throat from boxing </div>		
		DATE 9 Jul 76
		NUMBER OF ATTACHED SHEETS 1

MEDICAL PRODUCTS DIVISION 3M CO



CLIN DIAG

ECG DESCRIPTION

INTERPRETATION

PATIENT

NAME ROEMER, W^M F RANK
CITY Y-31
PHONE No.

DIG () QUIN () AGE 50 SEX M BP 110/80

ECG REQUEST BY
ATR RATE 48 VENTR RATE
INTERVALS P-R 0.25 QRS QTc
AXIS
RHYTHM

b2 () O. M.
b6

INTERPRETED BY
DATE



2 July 76

REPORT OF MEDICAL HISTORY
U.S. Civil Service Employees and Applicants

Budget Bureau
Approved 50-R0390

This information is for official and medically-confidential use only and will not be released to unauthorized persons

1 LAST NAME—FIRST NAME—MIDDLE NAME ROEMER, WILLIAM FRANCIS, JR.		2 TITLE OF POSITION SPECIAL AGENT	
4 HOME ADDRESS (Number, street or RFD, city or town, State, and ZIP Code) SOUTH BEND, INDIANA		5 PURPOSE OF EXAMINATION ANNUAL	
6 DATE OF EXAMINATION 7/17/75			
7 SEX Male	8 TOTAL YEARS GOVERNMENT SERVICE MILITARY _____ CIVILIAN _____	9 AGENCY FBI	10 ORGANIZATION UNIT CHICAGO
11 DATE OF BIRTH 6/16/26		12 PLACE OF BIRTH SOUTH BEND, INDIANA	
13 EXAMINING FACILITY OR EXAMINER, AND ADDRESS (Including ZIP Code) U.S. ARMY HEALTH CLINIC FT. SHERIDAN, ILLINOIS 60037			
14 STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past history, if complaint exists) EXCELLENT. NO MEDICATIONS.			

15 DO YOU (Please check at left of each item)				16 HAVE YOU EVER (Please check at left of each item)			
YES	NO	(Check each item)		YES	NO	(Check each item)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	WEAR GLASSES OR CONTACT LENSES		<input type="checkbox"/>	<input checked="" type="checkbox"/>	LIVED WITH ANYONE WHO HAD TUBERCULOSIS	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	HAVE VISION IN BOTH EYES		<input type="checkbox"/>	<input checked="" type="checkbox"/>	COUGHED UP BLOOD	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	WEAR A HEARING AID		<input type="checkbox"/>	<input checked="" type="checkbox"/>	BLED EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	STUTTER OR STAMMER HABITUALLY					
<input type="checkbox"/>	<input checked="" type="checkbox"/>	WEAR A BRACE OR BACK SUPPORT					

17 HAVE YOU EVER HAD OR HAVE YOU NOW (Please check at left of each item)											
YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCARLET FEVER, ERYSIPELAS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ASTHMA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RECENT GAIN OR LOSS OF WEIGHT
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DIPHTHERIA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SHORTNESS OF BREATH	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ARTHRITIS OR RHEUMATISM
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RHEUMATIC FEVER	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PAIN OR PRESSURE IN CHEST	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	BONE, JOINT, OR OTHER DEFORMITY
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SWOLLEN OR PAINFUL JOINTS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CHRONIC COUGH	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	LAMENESS
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	MUMPS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PALPITATION OR POUNDING HEART	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	LOSS OF ARM, LEG, FINGER, OR TOE
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	COLOR BLINDNESS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	HIGH OR LOW BLOOD PRESSURE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PAINFUL OR TRICK SHOULDER OR ELBOW
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FREQUENT OR SEVERE HEADACHE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CRAMPS IN YOUR LEGS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RECURRENT BACK PAIN
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DIZZINESS OR FAINTING SPELLS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FREQUENT INDIGESTION	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TRICK OR LOCKED KNEE
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	EYE TROUBLE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	STOMACH, LIVER, OR INTESTINAL TROUBLE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FOOT TROUBLE
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	EAR, NOSE, OR THROAT TROUBLE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	GALL BLADDER TROUBLE OR GALLSTONES	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NEURITIS
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RUNNING EARS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	JAUNDICE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PARALYSIS (Inc. infantile)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	HEARING LOSS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ANY ADVERSE REACTION TO SERUM DRUG, OR MEDICINE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	EPILEPSY OR FITS
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CHRONIC OR FREQUENT COLDS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	BROKEN BONES	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CAR, TRAIN, SEA, OR AIR SICKNESS
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SEVERE TOOTH OR GUM TROUBLE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TUMOR, GROWTH, CYST, OR CANCER	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FREQUENT TROUBLE SLEEPING
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SINUSITIS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RUPTURE/HERNIA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FREQUENT OR TERRIFYING NIGHTMARES
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	MAY FEVER	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	APPENDICITIS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DEPRESSION OR EXCESSIVE WORRY
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	HEAD INJURY	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PILES OR RECTAL DISEASE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	LOSS OF MEMORY OR AMNESIA
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SKIN DISEASES	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FREQUENT OR PAINFUL URINATION	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NERVOUS TROUBLE OF ANY SORT
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	GOITER	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	KIDNEY STONE OR BLOOD IN URINE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ANY DRUG OR NARCOTIC HABIT
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TUBERCULOSIS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SUGAR OR ALBUMIN IN URINE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	EXCESSIVE DRINKING HABIT
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SOAKING SWEATS (Night sweats)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	BOILS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PERIODS OF UNCONSCIOUSNESS

18 HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS?	19 WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS? MONTHS	20 WHAT IS YOUR USUAL OCCUPATION?	21 ARE YOU (Check one) <input checked="" type="checkbox"/> RIGHT HANDED <input type="checkbox"/> LEFT HANDED
--	--	-----------------------------------	---

YES	NO	CHECK EACH ITEM YES OR NO EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
	X	22 HAVE YOU BEEN REFUSED EMPLOYMENT OR BEEN UNABLE TO HOLD A JOB BECAUSE OF A SENSITIVITY TO CHEMICALS DUST SUNLIGHT, ETC
	X	B INABILITY TO PERFORM CERTAIN MOTIONS
	X	C INABILITY TO ASSUME CERTAIN POSITIONS
	X	D OTHER MEDICAL REASONS (If yes, state reason and give details)
	X	23 HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE?
	X	24 HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)
X		25 HAVE YOU HAD OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give age at which occurred)
X		26 HAVE YOU EVER BEEN A PATIENT IN ANY TYPE OF HOSPITAL? (If yes, specify when, where, why, and name of doctor and complete address of hospital)
	X	27 HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)
	X	28 HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS PHYSICIANS HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS FOR OTHER THAN MINOR ILLNESSES? (If yes, give complete address of doctor, hospital, clinic, and details)
	X	29 HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection)
	X	30 HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge whether honorable, other than honorable, for unfitness or unsustainability)
	X	31 HAVE YOU EVER RECEIVED, IS THERE PENDING, OR HAVE YOU APPLIED FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why)

25. & 26. Ear operation, age 12.

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE
I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE

TYPED OR PRINTED NAME OF EXAMINEE WILLIAM F. ROEMER, JR.	SIGNATURE
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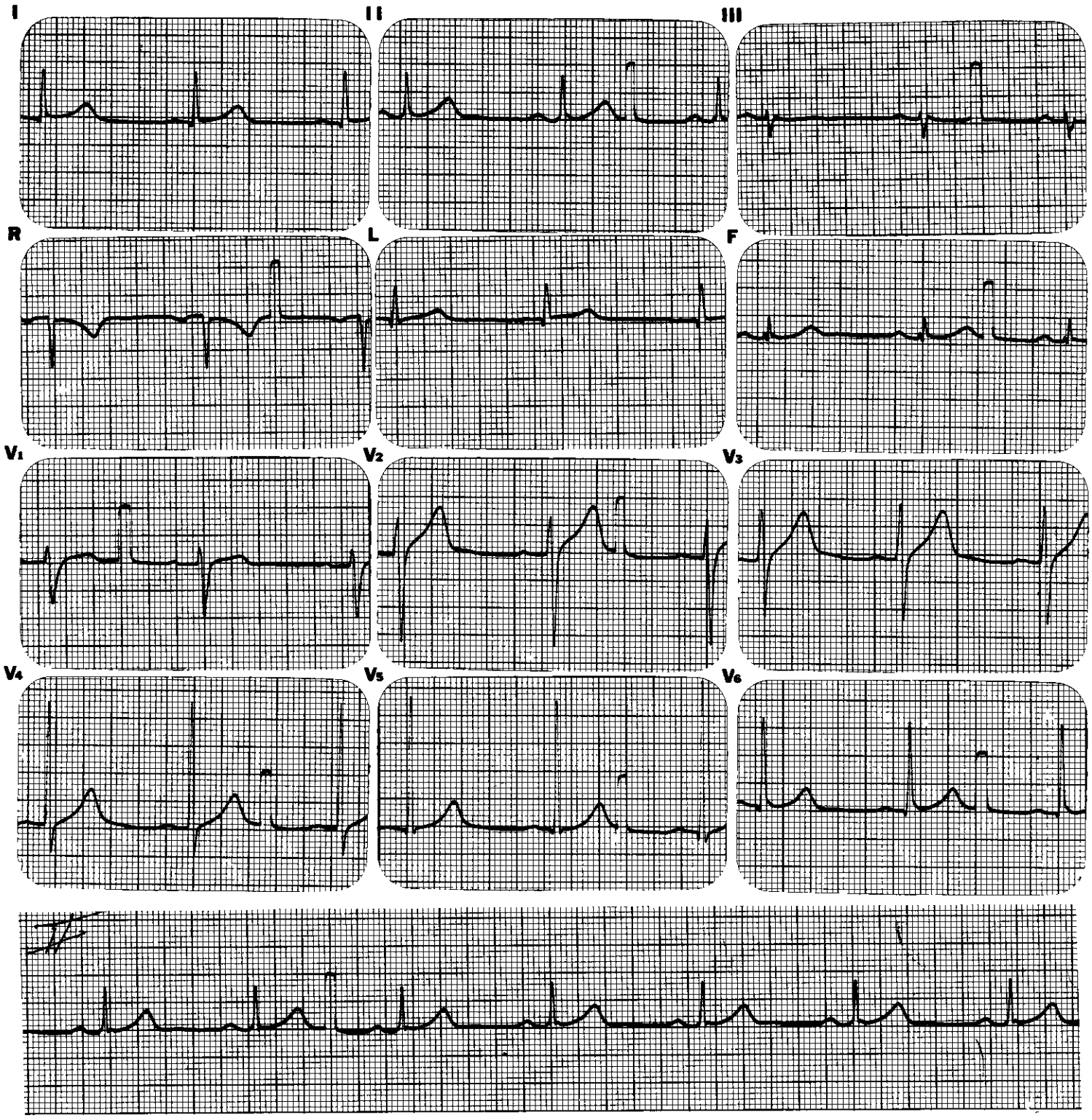
NOTE: HAND TO THE DOCTOR OR NURSE OR IF MAILED MARK ENVELOPE TO BE OPENED BY MEDICAL OFFICER ONLY

32 PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in items 15 through 31. Physician may develop by interview any additional medical history he deems important, and record any significant findings here)

Scrubbed face, no rheumatoid fever

US Army Medical Clinic Fort Sheridan, IL 60037	DATE 17 July 25	NUMBER OF ATTACHED SHEETS
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MEDICAL PRODUCTS DIVISION 3M CO



CLIN DIAG

ECG DESCRIPTION

INTERPRETATION

DIG () QUIN () AGE 49 SEX M BP

ECG REQUEST BY
ATR RATE VENTR RATE 55
INTERVALS P-R 0 20 QRS QTc

b2 AXIS +15 --- Sinus bradycardia
b6 RHYTHM ---

PATIENT

NAME Roemer, William RANK FBI
UNIT FBI
PHONE No

INTERPRETED BY
DATE 17 July 75

FORT SARY
SARY

17 July 75

REPORT OF MEDICAL HISTORY
U.S. Civil Service Employees and Applicants

Budget Bureau
Approved 50-R0390

This information is for official and medically-confidential use only and will not be released to unauthorized persons

1 LAST NAME—FIRST NAME—MIDDLE NAME ROEMER, WILLIAM FRANCIS (JR)		2 TITLE OF POSITION SPECIAL AGENT	
4 HOME ADDRESS (Number, street or RFD, city or town, State, and ZIP Code)		5 PURPOSE OF EXAMINATION ANNUAL	
6 DATE OF EXAMINATION 7/28/74			
7 SEX MALE	8 TOTAL YEARS GOVERNMENT SERVICE MILITARY _____ CIVILIAN _____	9 AGENCY FBI	10 ORGANIZATION UNIT CHICAGO
11 DATE OF BIRTH 6/16/26	12 PLACE OF BIRTH SOUTH BEND, INDIANA		13 EXAMINING FACILITY OR EXAMINER AND ADDRESS (Including ZIP Code) U.S. ARMY HEALTH CLINIC FT. SHERIDAN, ILLINOIS 60037

14 STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past history, if complaint exists)

Health is outstanding. Chest X-Ray 1972 showed density left lung. Follow up X-rays negative. Lump on right palm.

15 DO YOU (Please check at left of each item)			16 HAVE YOU EVER (Please check at left of each item)		
YES	NO	(Check each item)	YES	NO	(Check each item)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	WEAR GLASSES OR CONTACT LENSES	<input type="checkbox"/>	<input checked="" type="checkbox"/>	LIVED WITH ANYONE WHO HAD TUBERCULOSIS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	HAVE VISION IN BOTH EYES	<input type="checkbox"/>	<input checked="" type="checkbox"/>	COUGHED UP BLOOD
<input type="checkbox"/>	<input checked="" type="checkbox"/>	WEAR A HEARING AID	<input type="checkbox"/>	<input checked="" type="checkbox"/>	BLED EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION
<input type="checkbox"/>	<input checked="" type="checkbox"/>	STUTTER OR STAMMER HABITUALLY			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	WEAR A BRACE OR BACK SUPPORT			

17 HAVE YOU EVER HAD OR HAVE YOU NOW (Please check at left of each item)							
YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCARLET FEVER, ERYSIPELAS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ASTHMA
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DIPHTHERIA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SHORTNESS OF BREATH
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RHEUMATIC FEVER	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PAIN OR PRESSURE IN CHEST
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SWOLLEN OR PAINFUL JOINTS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CHRONIC COUGH
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	MUMPS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PALPITATION OR POUNDING HEART
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	COLOR BLINDNESS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	HIGH OR LOW BLOOD PRESSURE
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FREQUENT OR SEVERE HEADACHE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CRAMPS IN YOUR LEGS
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DIZZINESS OR FAINTING SPELLS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FREQUENT INDIGESTION
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	EYE TROUBLE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	STOMACH, LIVER, OR INTESTINAL TROUBLE
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	EAR, NOSE, OR THROAT TROUBLE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	GALL BLADDER TROUBLE OR GALLSTONES
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RUNNING EARS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	JAUNDICE
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	HEARING LOSS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ANY ADVERSE REACTION TO SERUM DRUG, OR MEDICINE
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CHRONIC OR FREQUENT COLDS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	BROKEN BONES
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SEVERE TOOTH OR GUM TROUBLE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TUMOR GROWTH CYST OR CANCER
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SINUSITIS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RUPTURE/HERNIA
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	HAY FEVER	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	APPENDICITIS
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	HEAD INJURY	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PILES OR RECTAL DISEASE
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SKIN DISEASES	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FREQUENT OR PAINFUL URINATION
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	GOITER	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	KIDNEY STONE OR BLOOD IN URINE
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TUBERCULOSIS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SUGAR OR ALBUMIN IN URINE
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SOAKING SWEATS (Night sweats)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	BOILS

18 HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS?	19 WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS? MONTHS	20 WHAT IS YOUR USUAL OCCUPATION? SPECIAL AGENT-FBI	21 ARE YOU (Check one) <input type="checkbox"/> RIGHT HANDED <input checked="" type="checkbox"/> LEFT HANDED
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YES	NO	CHECK EACH ITEM YES OR NO EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
	X	22 HAVE YOU BEEN REFUSED EMPLOYMENT OR BEEN UNABLE TO HOLD A JOB BECAUSE OF A SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC
	X	B INABILITY TO PERFORM CERTAIN MOTIONS
	X	C INABILITY TO ASSUME CERTAIN POSITIONS
	X	D OTHER MEDICAL REASONS (If yes, state reason)
	X	23 HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE?
	X	24 HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)
X		25 HAVE YOU HAD ANY OPERATION ADVISED TO HAVE ANY OPERATIONS? (If yes, describe and give date of when occurred)
X		26 HAVE YOU EVER BEEN A PATIENT IN ANY TYPE OF HOSPITAL? (If yes, when, where, name of doctor and complete address of hospital)
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	X	31 HAVE YOU EVER RECEIVED, IS THERE PENDING, OR HAVE YOU APPLIED FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why)

ROEMER, WILLIAM FRANCIS (JR)

25. & 26. Ear operation, age 12.

SOUTH BEND, INDIANA

8/16/58

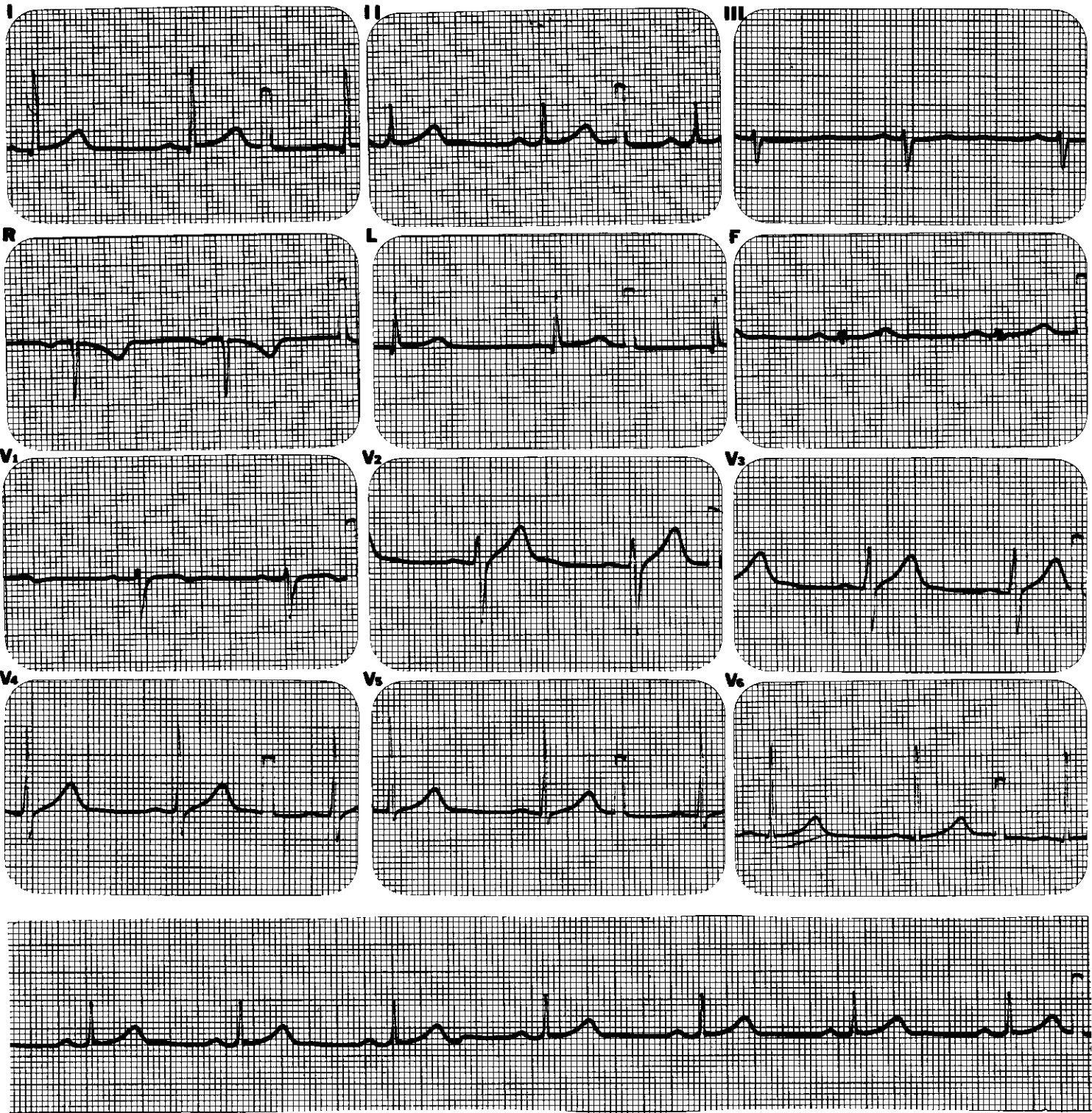
I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE
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TYPED OR PRINTED NAME OF EXAMINEE: WILLIAM F. ROEMER, JR.
SIGNATURE: Wm F Roemer Jr.

NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE TO BE OPENED BY MEDICAL OFFICER ONLY
32 PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in items 15 through 31. Physician may develop by interview any additional medical history he deems important, and record any significant findings here)

scarlet fever in 3rd
lanced ear for 0. in us child

X		DATE	NUMBER OF ATTACHED SHEETS



CLIN DIAG

ECG DESCRIPTION

INTERPRETATION

Abnormal due to
15° degree A-V block

PATIENT

ROEMER, Wm FBI

DIG () QUIN () AGF 48 SEX M BP 120/78

ECG REQUEST BY

ATR RATE VENTR RATE 55

INTERVALS P-R 21 QRS QTc b2

AXIS 0 b6

RHYTHM sinus bradycardia

INTERPRET
DATE



CLINICAL RECORD				ELECTROCARDIOGRAPHIC RECORD				PREVIOUS ECG	
CLINICAL IMPRESSION				MEDICATION				<input type="checkbox"/> YES	<input type="checkbox"/> NO
								<input type="checkbox"/> EMERGENCY	<input type="checkbox"/> BEDSIDE
								<input type="checkbox"/> ROUTINE	<input type="checkbox"/> AMBULANT
AGE	SEX	RACE	HEIGHT	WEIGHT	B P	SIGNATURE OF WARD PHYSICIAN			DATE
48	M	CAU	73"	209	120/78				
RHYTHM				AXIS DEVIATION (QRS)				RATES	
								AURIC.	VENT.
INTERVALS				P WAVES					
PR	QRS	QT							
QRS COMPLEXES									
RS-T SEGMENT				T WAVES					
UNIPOLAR EXTREMITY LEADS (Specify)									
PRECORDIAL LEADS (Specify)									
SUMMARY, SERIAL CHANGES, AND IMPLICATIONS.									
(Continue on reverse)									
NO	SIGNATURE OF PHYSICIAN				PATIENT'S IDENTIFICATION NO				DATE
ECG					US 1				
PATIENT'S IDENTIFICATION (For typed or written entries give Name—last, first, middle, grade, date, hospital or medical facility)					REGISTER NO				WARD NO

NAME ROEMER, WM FDI
 UNIT POST
 PHONE No. _____

b2

ELECTROCARDIOGRAPHIC RECORD
 (Attach Tracings to SF-507)

Standard Form 520
 Revised April 1968
 General Services Administration &
 Interagency Comm on Medical Records
 FPMR 101-11-809-3
 520-105
 GPO 1970 384-606

REPORT OF MEDICAL HISTORY
U.S. Civil Service Employees and Applicants

Budget Bureau
Approved 50-R0390

b2

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1 LAST NAME—FIRST NAME—MIDDLE NAME ROEMER, WILLIAM FRANCIS JR.		2 TITLE OF POSITION SPECIAL AGENT	
4 HOME ADDRESS (Number, street or RFD city or town, State, and ZIP Code)		5 PURPOSE OF EXAMINATION Annual	
6 DATE OF EXAMINATION 6/15/73			

7 SEX Male	8 TOTAL YEARS GOVERNMENT SERVICE MILITARY _____ CIVILIAN _____	9 AGENCY FBI	10 ORGANIZATION UNIT CHICAGO
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11 DATE OF BIRTH 6/16/26	12 PLACE OF BIRTH South Bend, Indiana	13 EXAMINING FACILITY OR EXAMINER AND ADDRESS (Including ZIP Code) U.S. Naval Hospital Great Lakes, Illinois 60088
------------------------------------	---	--

14 STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past history, if complaint exists)

15 DO YOU (Please check at left of each item)				16 HAVE YOU EVER (Please check at left of each item)			
YES	NO	(Check each item)		YES	NO	(Check each item)	
<input checked="" type="checkbox"/>		WEAR GLASSES OR CONTACT LENSES			<input checked="" type="checkbox"/>	LIVED WITH ANYONE WHO HAD TUBERCULOSIS	
<input checked="" type="checkbox"/>		HAVE VISION IN BOTH EYES			<input checked="" type="checkbox"/>	COUGHED UP BLOOD	
	<input checked="" type="checkbox"/>	WEAR A HEARING AID			<input checked="" type="checkbox"/>	BLED EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION	
	<input checked="" type="checkbox"/>	STUTTER OR STAMMER HABITUALLY					
	<input checked="" type="checkbox"/>	WEAR A BRACE OR BACK SUPPORT					

17 HAVE YOU EVER HAD OR HAVE YOU NOW (Please check at left of each item)											
YES	NO	DON'T KNOW	(Check each item)			YES	NO	DON'T KNOW	(Check each item)		
<input checked="" type="checkbox"/>			SCARLET FEVER ERYSIPELAS				<input checked="" type="checkbox"/>		ASTHMA		
	<input checked="" type="checkbox"/>		DIPHTHERIA				<input checked="" type="checkbox"/>		SHORTNESS OF BREATH		
	<input checked="" type="checkbox"/>		RHEUMATIC FEVER				<input checked="" type="checkbox"/>		PAIN OR PRESSURE IN CHEST		
	<input checked="" type="checkbox"/>		SWOLLEN OR PAINFUL JOINTS				<input checked="" type="checkbox"/>		CHRONIC COUGH		
		<input checked="" type="checkbox"/>	MUMPS				<input checked="" type="checkbox"/>		PALPITATION OR POUNDING HEART		
	<input checked="" type="checkbox"/>		COLOR BLINDNESS				<input checked="" type="checkbox"/>		HIGH OR LOW BLOOD PRESSURE		
	<input checked="" type="checkbox"/>		FREQUENT OR SEVERE HEADACHE				<input checked="" type="checkbox"/>		CRAMPS IN YOUR LEGS		
	<input checked="" type="checkbox"/>		DIZZINESS OR FAINTING SPELLS				<input checked="" type="checkbox"/>		FREQUENT INDIGESTION		
	<input checked="" type="checkbox"/>		EYE TROUBLE				<input checked="" type="checkbox"/>		STOMACH LIVER, OR INTESTINAL TROUBLE		
	<input checked="" type="checkbox"/>		EAR, NOSE OR THROAT TROUBLE				<input checked="" type="checkbox"/>		GALL BLADDER TROUBLE OR GALLSTONES		
	<input checked="" type="checkbox"/>		RUNNING EARS				<input checked="" type="checkbox"/>		JAUNDICE		
	<input checked="" type="checkbox"/>		HEARING LOSS				<input checked="" type="checkbox"/>		ANY ADVERSE REACTION TO SERUM DRUG, OR MEDICINE		
	<input checked="" type="checkbox"/>		CHRONIC OR FREQUENT COLDS				<input checked="" type="checkbox"/>		BROKEN BONES		
	<input checked="" type="checkbox"/>		SEVERE TOOTH OR GUM TROUBLE				<input checked="" type="checkbox"/>		TUMOR GROWTH, CYST, OR CANCER		
	<input checked="" type="checkbox"/>		SINUSITIS				<input checked="" type="checkbox"/>		RUPTURE/HERNIA		
	<input checked="" type="checkbox"/>		HAY FEVER				<input checked="" type="checkbox"/>		APPENDICITIS		
	<input checked="" type="checkbox"/>		HEAD INJURY				<input checked="" type="checkbox"/>		PILES OR RECTAL DISEASE		
	<input checked="" type="checkbox"/>		SKIN DISEASES				<input checked="" type="checkbox"/>		FREQUENT OR PAINFUL URINATION		
	<input checked="" type="checkbox"/>		GOITER				<input checked="" type="checkbox"/>		KIDNEY STONE OR BLOOD IN URINE		
	<input checked="" type="checkbox"/>		TUBERCULOSIS				<input checked="" type="checkbox"/>		SUGAR OR ALBUMIN IN URINE		
	<input checked="" type="checkbox"/>		SOAKING SWEATS (Night sweats)				<input checked="" type="checkbox"/>		BOILS		

18 HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS?	19 WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS? MONTHS	20 WHAT IS YOUR USUAL OCCUPATION? Special Agent - FBI	21 ARE YOU (Check one) <input type="checkbox"/> RIGHT HANDED <input checked="" type="checkbox"/> LEFT HANDED
--	--	---	---

YES	NO	CHECK EACH ITEM YES OR NO EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
	X	22 HAVE YOU BEEN REFUSED EMPLOYMENT OR BEEN UNABLE TO HOLD A JOB BECAUSE OF A SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.
	X	B INABILITY TO PERFORM CERTAIN MOTIONS
	X	C INABILITY TO ASSUME CERTAIN POSITIONS
	X	D OTHER MEDICAL REASONS (If yes, give reasons)
	X	23 HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE?
	X	24 HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)
X		25 HAVE YOU HAD OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give age at which occurred)
X		26 HAVE YOU EVER BEEN A PATIENT IN ANY TYPE OF HOSPITAL? (If yes, specify when, where, why, and name of doctor and complete address of hospital)
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25 & 26. Ear operation, age 12

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE

I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE

TYPED OR PRINTED NAME OF EXAMINEE

WILLIAM F. ROEMER, JR.

SIGNATURE

Wm F Roemer Jr

NOTE HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE TO BE OPENED BY MEDICAL OFFICER ONLY

32 PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in items 15 through 31 Physician may develop by interview any additional medical history he deems important, and record any significant findings here)

b6

DATE

6/15/73

NUMBER OF ATTACHED SHEETS

CLINICAL RECORD				ELECTROCARDIOGRAPHIC RECORD				PREVIOUS ECG	
CLINICAL IMPRESSION				MEDICATION				<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
								<input type="checkbox"/> EMERGENCY	<input type="checkbox"/> BEDSIDE
								<input checked="" type="checkbox"/> ROUTINE	<input checked="" type="checkbox"/> AMBULANT
AGE	SEX	RACE	HEIGHT	WEIGHT	B P				DATE
47	M	Cal	73	208					15 JUN 73
RHYTHM						AXIS DEVIATION (QRS)		RATES	
								AURIC VENT	
INTERVALS						P WAVES			
PR						QRS QT			
QRS COMPLEXES									
RS-T SEGMENT						T WAVES			
UNIPOLAR EXTREMITY LEADS (Specify)									
PRECORDIAL LEADS (Specify)									
SUMMARY SERIAL CHANGES AND IMPLICATIONS									
WUC						WITHIN NORMAL LIMITS			
NO						PATIENT'S IDENTIFICATION NO		DATE	
ECG 442								18 JUNE 73	
PATIENT'S IDENTIFICATION (For typed or written entries give Name—last first middle, grade date hospital or medical facility)						REGISTER NO		P.E. ROOM	
Roemer, William Francis Jr								ELECTROCARDIOGRAPHIC RECORD	
								(Attach Tracings to SF-507)	
								Standard Form 520	
								Revised April 1968	
								General Services Administration &	
								Interagency Comm on Medical Records	
								FPMR 101-11-809 3	
								520-105-02	
								GPO 1972-470-942	

Roanoke, VA
6-15-77

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REPORT OF MEDICAL HISTORY
U.S. Civil Service Employees and Applicants

Budget Bureau
Approved 50-R0390

b2

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1 LAST NAME—FIRST NAME—MIDDLE NAME ROEMER, WILLIAM FRANCIS JR			2 TITLE OF POSITION SPECIAL AGENT, FBI		
4 HOME ADDRESS (Number, street or RFD, city or town, State, and ZIP Code) 15608 ROSE DRIVE SOUTH HOLLAND, ILL 60473			5 PURPOSE OF EXAMINATION ANNUAL		
7 SEX M	8 TOTAL YEARS GOVERNMENT SERVICE MILITARY 2 CIVILIAN 22		9 AGENCY FBI		10 ORGANIZATION UNIT CHICAGO
11 DATE OF BIRTH 6-16-26		12 PLACE OF BIRTH SOUTH BEND, INO		13 EXAMINING FACILITY OR EXAMINER, AND ADDRESS (Including ZIP Code)	
14 STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past history, if complaint exists) EXCELLENT					

15 DO YOU (Please check at left of each item)				16 HAVE YOU EVER (Please check at left of each item)			
YES	NO	(Check each item)		YES	NO	(Check each item)	
<input checked="" type="checkbox"/>		WEAR GLASSES OR CONTACT LENSES			<input checked="" type="checkbox"/>	LIVED WITH ANYONE WHO HAD TUBERCULOSIS	
<input checked="" type="checkbox"/>		HAVE VISION IN BOTH EYES			<input checked="" type="checkbox"/>	COUGHED UP BLOOD	
	<input checked="" type="checkbox"/>	WEAR A HEARING AID			<input checked="" type="checkbox"/>	BLED EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION	
	<input checked="" type="checkbox"/>	STUTTER OR STAMMER HABITUALLY					
	<input checked="" type="checkbox"/>	WEAR A BRACE OR BACK SUPPORT					

17 HAVE YOU EVER HAD OR HAVE YOU NOW (Please check at left of each item)							
YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)
<input checked="" type="checkbox"/>			SCARLET FEVER RHYSDPELAS		<input checked="" type="checkbox"/>		ASTHMA
	<input checked="" type="checkbox"/>		DIPHTHERIA		<input checked="" type="checkbox"/>		SHORTNESS OF BREATH
	<input checked="" type="checkbox"/>		RHEUMATIC FEVER		<input checked="" type="checkbox"/>		PAIN OR PRESSURE IN CHEST
	<input checked="" type="checkbox"/>		SWOLLEN OR PAINFUL JOINTS		<input checked="" type="checkbox"/>		CHRONIC COUGH
	<input checked="" type="checkbox"/>		MUMPS		<input checked="" type="checkbox"/>		PALPITATION OR POUNDING HEART
	<input checked="" type="checkbox"/>		COLOR BLINDNESS		<input checked="" type="checkbox"/>		HIGH OR LOW BLOOD PRESSURE
	<input checked="" type="checkbox"/>		FREQUENT OR SEVERE HEADACHE		<input checked="" type="checkbox"/>		CRAMPS IN YOUR LEGS
	<input checked="" type="checkbox"/>		DIZZINESS OR FAINTING SPELLS		<input checked="" type="checkbox"/>		FREQUENT INDIGESTION
	<input checked="" type="checkbox"/>		EYE TROUBLE		<input checked="" type="checkbox"/>		STOMACH LIVER OR INTESTINAL TROUBLE
	<input checked="" type="checkbox"/>		EAR NOSE OR THROAT TROUBLE		<input checked="" type="checkbox"/>		GALL BLADDER TROUBLE OR GALLSTONES
	<input checked="" type="checkbox"/>		RUNNING EARS		<input checked="" type="checkbox"/>		JAUNDICE
	<input checked="" type="checkbox"/>		HEARING LOSS		<input checked="" type="checkbox"/>		ANY ADVERSE REACTION TO SERUM DRUG, OR MEDICINE
	<input checked="" type="checkbox"/>		CHRONIC OR FREQUENT COLDS		<input checked="" type="checkbox"/>		BROKEN BONES
	<input checked="" type="checkbox"/>		SEVERE TOOTH OR GUM TROUBLE		<input checked="" type="checkbox"/>		TUMOR, GROWTH CYST, OR CANCER
	<input checked="" type="checkbox"/>		SINUSITIS		<input checked="" type="checkbox"/>		RUPTURE/HERNIA
	<input checked="" type="checkbox"/>		HAY FEVER		<input checked="" type="checkbox"/>		APPENDICITIS
	<input checked="" type="checkbox"/>		HEAD INJURY		<input checked="" type="checkbox"/>		PILES OR RECTAL DISEASE
	<input checked="" type="checkbox"/>		SKIN DISEASES		<input checked="" type="checkbox"/>		FREQUENT OR PAINFUL URINATION
	<input checked="" type="checkbox"/>		GOITER		<input checked="" type="checkbox"/>		KIDNEY STONE OR BLOOD IN URINE
	<input checked="" type="checkbox"/>		TUBERCULOSIS		<input checked="" type="checkbox"/>		SUGAR OR ALBUMIN IN URINE
	<input checked="" type="checkbox"/>		SOAKING SWEATS (Night sweats)		<input checked="" type="checkbox"/>		BOILS
							RECENT GAIN OR LOSS OF WEIGHT
							ARTHRITIS OR RHEUMATISM
							BONE, JOINT, OR OTHER DEFORMITY
							LAMENESS
							LOSS OF ARM, LEG, FINGER, OR TOE
							PAINFUL OR TRICK SHOULDER OR ELBOW
							RECURRENT BACK PAIN
							TRICK OR LOCKED KNEE
							FOOT TROUBLE
							NEURITIS
							PARALYSIS (Inc infantile)
							EPILEPSY OR FITS
							CAR, TRAIN, SEA OR AIR SICKNESS
							FREQUENT TROUBLE SLEEPING
							FREQUENT OR TERRIFYING NIGHTMARES
							DEPRESSION OR EXCESSIVE WORRY
							LOSS OF MEMORY OR AMNESIA
							NERVOUS TROUBLE OF ANY SORT
							ANY DRUG OR NARCOTIC HABIT
							EXCESSIVE DRINKING HABIT
							PERIODS OF UNCONSCIOUSNESS

18 HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS? 1	19 WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS? MONTHS	20 WHAT IS YOUR USUAL OCCUPATION? SAME	21 ARE YOU (Check one) <input type="checkbox"/> RIGHT HANDED <input checked="" type="checkbox"/> LEFT HANDED
--	--	--	---

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
	<input checked="" type="checkbox"/>	22 HAVE YOU BEEN REFUSED EMPLOYMENT OR BEEN UNABLE TO HOLD A JOB BECAUSE OF A SENSITIVITY TO CHEMICALS DUST SUNLIGHT, ETC
	<input checked="" type="checkbox"/>	B INABILITY TO PERFORM CERTAIN MOTIONS
	<input checked="" type="checkbox"/>	C INABILITY TO ASSUME CERTAIN POSITIONS
	<input checked="" type="checkbox"/>	D OTHER MEDICAL REASONS (If yes, give reasons)
	<input checked="" type="checkbox"/>	23 HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE?
	<input checked="" type="checkbox"/>	24 HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	25 HAVE YOU HAD OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give age at which occurred)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	26 HAVE YOU EVER BEEN A PATIENT IN ANY TYPE OF HOSPITAL? (If yes, specify when, where, why, and name of doctor and complete address of hospital)
	<input checked="" type="checkbox"/>	27 HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)
	<input checked="" type="checkbox"/>	28 HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS FOR OTHER THAN MINOR ILLNESSES? (If yes, give complete address of doctor, hospital, clinic, and details)
	<input checked="" type="checkbox"/>	29 HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection)
	<input checked="" type="checkbox"/>	30 HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge whether honorable, other than honorable, for unfitness or unsuitability)
	<input checked="" type="checkbox"/>	31 HAVE YOU EVER RECEIVED, IS THERE PENDING, OR HAVE YOU APPLIED FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why)

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE

I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE

TYPED OR PRINTED NAME OF EXAMINEE

William F. Roemer, Jr.

SIGNATURE

Wm F Roemer

NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE TO BE OPENED BY MEDICAL OFFICER ONLY

32 PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in items 15 through 31. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.)

2026- meningitis age 12- no sequelae

DATE

18 July 72

SIGNATURE

NUMBER OF ATTACHED
SHEETS

b6

FORM 1968 O-307-584

CLINICAL RECORD						ELECTROCARDIOGRAPHIC RECORD				PREVIOUS ECG	
CLINICAL IMPRESSION						MEDICATION NONE				<input checked="" type="checkbox"/> YES 71 <input type="checkbox"/> NO	
										<input type="checkbox"/> EMERGENCY <input type="checkbox"/> BEDSIDE <input checked="" type="checkbox"/> ROUTINE <input checked="" type="checkbox"/> AMBULANT	
AGE	SEX	RACE	HEIGHT	WEIGHT	B P					DATE	
46	M	C	73"	208						18 July 72	
RHYTHM						AXIS DEVIATION (QRS)				RATES	
										AURIC VENT	
INTERVALS						P WAVES					
PR CRS QT											
QRS COMPLEXES											
RS-T SEGMENT						T WAVES					
UNIPOLAR EXTREMITY LEADS (Specify)											

b2
b6

PRECORDIAL LEADS (Specify)

SUMMARY SERIAL CHANGES AND IMPLICATIONS

AB
WMS

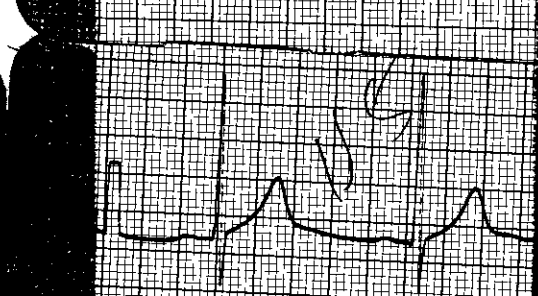
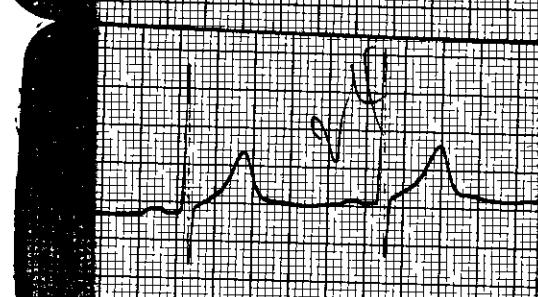
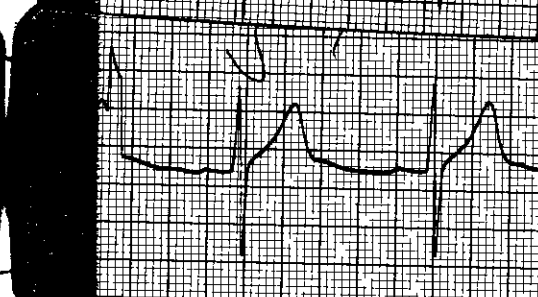
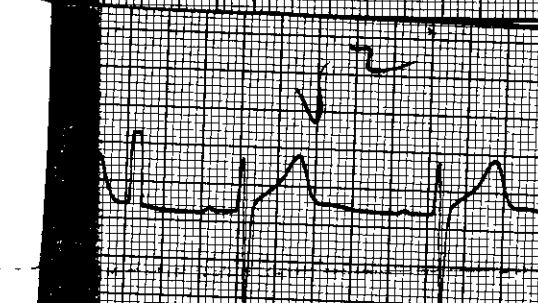
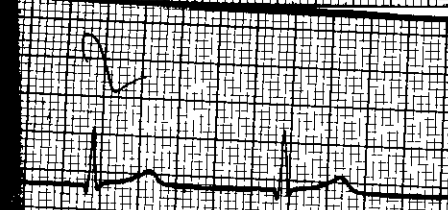
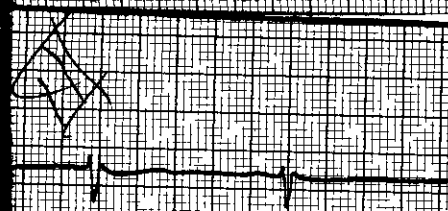
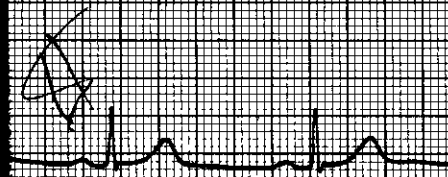
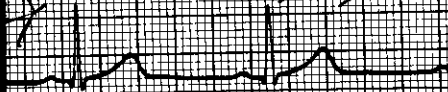
Sinus bradycardia.
Within normal limits.

(Continue on reverse)

NO ECG	451			DATE	19 July 72
PATIENT'S IDENTIFICATION (For typed or written entries give Name -last, first middle, grade, date, hospital or medical facility)				REGISTER NO	WORD NO
ROEMER, WILLIAM					
FBI - ANNUAL					

P.E. ROOM
ELECTROCARDIOGRAPHIC ROOM
Standard Form 520
520-104
(Attach tracings to S F 507)
0109-201-4802

Roemer, William
12/1/72



REPORT OF MEDICAL HISTORY
U.S. Civil Service Employees and Applicants

Budget Bureau
Approved 50-R0390

b2

This information is for official and medically-confidential use only and will not be released to unauthorized persons

1 LAST NAME—FIRST NAME—MIDDLE NAME ROEMER, WILLIAM FRANCIS JR.			2 TITLE OF POSITION Special Agent, FBI		3 DATE OF EXAMINATION 7-23-71	
4 HOME ADDRESS (Number, street or RFD, city or town, State, and ZIP Code) 15608 Rose Dr. South Holland, Ill.			5 PURPOSE OF EXAMINATION Annual			
7 SEX M	8 TOTAL YEARS GOVERNMENT SERVICE 14	9 AGENCY FBI	10 ORGANIZATION UNIT Chicago			
11 DATE OF BIRTH 6-26-26		12 PLACE OF BIRTH South Bend, Ind.		13 EXAMINING FACILITY OR EXAMINER AND ADDRESS (Including ZIP Code) USNH, Great Lakes		
14 STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past history, if complaint exists) Outstanding No medication used						

15 DO YOU (Please check at left of each item)				16 HAVE YOU EVER (Please check at left of each item)			
YES	NO	(Check each item)		YES	NO	(Check each item)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	WEAR GLASSES OR CONTACT LENSES		<input type="checkbox"/>	<input checked="" type="checkbox"/>	LIVED WITH ANYONE WHO HAD TUBERCULOSIS	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	HAVE VISION IN BOTH EYES		<input checked="" type="checkbox"/>	<input type="checkbox"/>	COUGHED UP BLOOD	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	WEAR A HEARING AID		<input type="checkbox"/>	<input type="checkbox"/>	BLED EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	STUTTER OR STAMMER HABITUALLY					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	WEAR A BRACE OR BACK SUPPORT					
17 HAVE YOU EVER HAD OR HAVE YOU NOW (Please check at left of each item)							
YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCARLET FEVER, ERYSIPELAS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ASTHMA
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DIPHTHERIA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SHORTNESS OF BREATH
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RHEUMATIC FEVER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PAIN OR PRESSURE IN CHEST
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SWOLLEN OR PAINFUL JOINTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CHRONIC COUGH
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MUMPS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PALPITATION OR POUNDING HEART
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COLOR BLINDNESS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HIGH OR LOW BLOOD PRESSURE
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FREQUENT OR SEVERE HEADACHE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CRAMPS IN YOUR LEGS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DIZZINESS OR FAINTING SPELLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FREQUENT INDIGESTION
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EYE TROUBLE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	STOMACH, LIVER, OR INTESTINAL TROUBLE
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EAR, NOSE, OR THROAT TROUBLE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GALL BLADDER TROUBLE OR GALLSTONES
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RUNNING EARS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	JAUNDICE
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HEARING LOSS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ANY ADVERSE REACTION TO SERUM DRUG, OR MEDICINE
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CHRONIC OR FREQUENT COLDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BROKEN BONES
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SEVERE TOOTH OR GUM TROUBLE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TUMOR GROWTH, CYST OR CANCER
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SINUSITIS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RUPTURE/HERNIA
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HAY FEVER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	APPENDICITIS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HEAD INJURY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PILES OR RECTAL DISEASE
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SKIN DISEASES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FREQUENT OR PAINFUL URINATION
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GOITER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	KIDNEY STONE OR BLOOD IN URINE
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TUBERCULOSIS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SUGAR OR ALBUMIN IN URINE
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SOAKING SWEATS (Night sweats)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BOILS
18 HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS? 13				19 WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS? MONTHS 50			
20. WHAT IS YOUR USUAL OCCUPATION? Special Agent, FBI				21 ARE YOU (Check one) <input type="checkbox"/> RIGHT HANDED <input checked="" type="checkbox"/> LEFT HANDED			

YES	NO	CHECK EACH ITEM - NO EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
	<input checked="" type="checkbox"/>	22 HAVE YOU BEEN REFUSED EMPLOYMENT OR BEEN UNABLE TO HOLD A JOB BECAUSE OF A SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC
	<input checked="" type="checkbox"/>	B INABILITY TO PERFORM CERTAIN MOTIONS
	<input checked="" type="checkbox"/>	C INABILITY TO ASSUME CERTAIN POSITIONS
	<input checked="" type="checkbox"/>	D OTHER MEDICAL REASONS (If yes, give reasons)
	<input checked="" type="checkbox"/>	23 HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE?
	<input checked="" type="checkbox"/>	24 HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)
<input checked="" type="checkbox"/>		25 HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE ANY OPERATIONS? (If yes, describe and give age at which occurred)
<input checked="" type="checkbox"/>		26 HAVE YOU EVER BEEN A PATIENT IN ANY TYPE OF HOSPITAL? (If yes, specify when, where, why, and name of doctor and complete address of hospital)
	<input checked="" type="checkbox"/>	27 HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)
	<input checked="" type="checkbox"/>	28 HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS FOR OTHER THAN MINOR ILLNESSES? (If yes, give complete address of doctor, hospital, clinic, and details)
	<input checked="" type="checkbox"/>	29 HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection)
	<input checked="" type="checkbox"/>	30 HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge whether honorable, other than honorable, for unfitness or unsuitability)
	<input checked="" type="checkbox"/>	31 HAVE YOU EVER RECEIVED IS THERE PENDING, OR HAVE YOU APPLIED FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why)

25 ear operation age 13
26 tonsillectomy age 21

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE
I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE

TYPED OR PRINTED NAME OF EXAMINEE
ROEMER, WM F. JR.

SIGNATURE
WM F Roemer Jr

NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE TO BE OPENED BY MEDICAL OFFICER ONLY

32 PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in items 15 through 31. Physician may develop by interview any additional medical history he deems important and record any significant findings here.)

17 scarlet fever 10 yo no sequelae
head injury - knocked unconscious once no sequelae
myringotomy age 13 no problems
25 { tonsils
26 { myringotomy

b6

DATE 03 July	NUMBER OF ATTACHED SHEETS
-----------------	---------------------------

CLINICAL RECORD						ELECTROCARDIOGRAPHIC RECORD		PREVIOUS ECG	
CLINICAL IMPRESSION						MEDICATION		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
RHYTHM						AXIS DEVIATION (QRS)		<input type="checkbox"/> EMERGENCY <input type="checkbox"/> BEDSIDE	
								<input checked="" type="checkbox"/> ROUTINE <input checked="" type="checkbox"/> AMBULANT	
AGE	SEX	RACE	HEIGHT	WEIGHT	B P	[REDACTED]		DATE	
45	M	E	73	190				23 July	
INTERVALS						P WAVES		RATES	
PR						QRS		AURIC	
QT								VENT	
QRS COMPLEXES									
RS-T SEGMENT						T WAVES			
UNIPOLAR EXTREMITY LEADS (Specify)									

b2
b6

PRECARDIAL LEADS (Specify)

SUMMARY, SERIAL CHANGES AND IMPLICATIONS

1B2 SA
0/w wnb
PT 9/31/70
NSe

SINUS BRADYCARDIA AND SINUS ARRHYTHMIA
OTHERWISE WITHIN NORMAL LIMITS
SINCE PREVIOUS TRACING 9-31-70 NO SIGNIFICANT CHANGE
(Continue on reverse)

NO	ECG	DATE
	597	26 JUL 71
PATIENT'S IDENTIFICATION (For typed or written entries give Name—last, first, middle grade, date, hospital or medical facility)		REGISTER NO

Poe net, William Jr.

SOBT

FRANCIS JEG

P.E. ROOM

ELECTROCARDIOGRAPHIC RECORD
Standard Form 520
520-104
(Attach tracings to S F 507)
0109.201.4802

Reimer, Wm.
#10

7/23/71

II

V

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II

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II

REPORT OF MEDICAL HISTORY
U S Civil Service Employees and Applicants

Budget Bureau
Approved 40-R-10400

b2

This information is for official and medically confidential use only and will not be released to unauthorized persons

<p>1 LAST NAME-FIRST NAME-MIDDLE NAME ROBERT WILLIAM FRANKS JR</p> <p>2 TITLE OF POSITION SPECIAL AGENT</p> <p>3 ADDRESS (Include Street or R.F.D. City or State-Post Office ZIP Code) 15608 Rose Dr., South Holland, Ill. 60473</p> <p>4 SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE</p> <p>5 TOTAL YEARS GOVERNMENT SERVICE 60473</p> <p>6 AGENCY FBI</p> <p>7 DATE 15 APR 1974</p> <p>8 ORGANIZATION UNIT Chicago</p> <p>9 EXAMINING FACILITY OR CHARTERED AIRCRAFT (Including ZIP Code) USMC, Great Lakes, Ill.</p> <p>10 STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past history of complaint events) Excellent. No medications used except aspirin once or twice a year.</p>	<p>11 ORGANIZATION UNIT 7-31-70</p> <p>12 EXAMINING FACILITY OR CHARTERED AIRCRAFT (Including ZIP Code) Chicago</p> <p>13 EXAMINING FACILITY OR CHARTERED AIRCRAFT (Including ZIP Code) USMC, Great Lakes, Ill.</p>
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<p>14 DO YOU (Please check at left of each item)</p> <table border="1" style="width:100%"> <tr><th>YES</th><th>NO</th><th>(Check each item)</th></tr> <tr><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td>WORE GLASSES OR CONTACT LENSES</td></tr> <tr><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td>HAVE VISION IN BOTH EYES</td></tr> <tr><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td>WORE A HEARING AID</td></tr> <tr><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td>SUFFERED OR STAMMERED HABITUALLY</td></tr> <tr><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td>WORE A BRACE OR BACK SUPPORT</td></tr> </table>	YES	NO	(Check each item)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	WORE GLASSES OR CONTACT LENSES	<input checked="" type="checkbox"/>	<input type="checkbox"/>	HAVE VISION IN BOTH EYES	<input checked="" type="checkbox"/>	<input type="checkbox"/>	WORE A HEARING AID	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SUFFERED OR STAMMERED HABITUALLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	WORE A BRACE OR BACK SUPPORT	<p>15 DO YOU EVER (Please check at left of each item)</p> <table border="1" style="width:100%"> <tr><th>YES</th><th>NO</th><th>(Check each item)</th></tr> <tr><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td>LIVED WITH ANYONE WHO HAD "WHEEZING"</td></tr> <tr><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td>"DROPPED" OR "GAVE UP" BLOOD</td></tr> <tr><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td>WAS EXHAUSTED AFTER HEAVY OR TIGHT EXERCISE</td></tr> </table>	YES	NO	(Check each item)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	LIVED WITH ANYONE WHO HAD "WHEEZING"	<input checked="" type="checkbox"/>	<input type="checkbox"/>	"DROPPED" OR "GAVE UP" BLOOD	<input checked="" type="checkbox"/>	<input type="checkbox"/>	WAS EXHAUSTED AFTER HEAVY OR TIGHT EXERCISE																																																																																																																																																		
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<p>18 HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS?</p> <p align="center">112 PCS</p>	<p>19 WHAT IS THE LONGEST PERIOD YOU WERE AWAY FROM THESE JOBS?</p> <p align="center">100</p>																																																																																																																																																																																
<p>20 WHAT IS YOUR USUAL OCCUPATION?</p> <p align="center">7-31-70</p>	<p>21 ARE YOU (Check one)</p> <p><input type="checkbox"/> NEW HIRING <input checked="" type="checkbox"/> RE-EMPLOYMENT</p> <p align="right">OPTIONAL FORM 58 MAY 1968 U S CIVIL SERVICE COMMISSION FPM CHAPTER 293</p>																																																																																																																																																																																

YES	NO	THINK EACH ITEM YES OR NO. IF YES, GIVE DATE. IF NO, GIVE REASON. IF YES, GIVE DATE. IF NO, GIVE REASON. IF YES, GIVE DATE. IF NO, GIVE REASON.
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<input checked="" type="checkbox"/>	<input type="checkbox"/>	17. HAVE YOU EVER BEEN EMPLOYED BY THE GOVERNMENT?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	18. HAVE YOU EVER BEEN EMPLOYED BY THE GOVERNMENT?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	19. HAVE YOU EVER BEEN EMPLOYED BY THE GOVERNMENT?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	20. HAVE YOU EVER BEEN EMPLOYED BY THE GOVERNMENT?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	21. HAVE YOU EVER BEEN EMPLOYED BY THE GOVERNMENT?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	22. HAVE YOU EVER BEEN EMPLOYED BY THE GOVERNMENT?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	23. HAVE YOU EVER BEEN EMPLOYED BY THE GOVERNMENT?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	24. HAVE YOU EVER BEEN EMPLOYED BY THE GOVERNMENT?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	25. HAVE YOU EVER BEEN EMPLOYED BY THE GOVERNMENT?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	26. HAVE YOU EVER BEEN EMPLOYED BY THE GOVERNMENT?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	27. HAVE YOU EVER BEEN EMPLOYED BY THE GOVERNMENT?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	28. HAVE YOU EVER BEEN EMPLOYED BY THE GOVERNMENT?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	29. HAVE YOU EVER BEEN EMPLOYED BY THE GOVERNMENT?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	30. HAVE YOU EVER BEEN EMPLOYED BY THE GOVERNMENT?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	31. HAVE YOU EVER BEEN EMPLOYED BY THE GOVERNMENT?

26 Ear operation 1940 Burgess Hosp.
Kalamazoo, Mich
Tonsillectomy 1947 St. Joseph
Hosp, South Bend, Ind

27 Synovitis in knees 1960, 1962

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.
I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.

TYPED OR PRINTED NAME OF EXAMINER

ROEMER, Wm. FRANKS JR.

SIGNATURE

Wm F Roemer Jr.

NOTE: HAND TO THE DOCTOR OR NURSE OR IF MAILED MAIL ENVELOPE TO BE OPENED BY MEDICAL OFFICER ONLY

32. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers to items 1-31. If Physician may develop by additional medical history he deems important and record any significant findings.)

Scarlet Fever - age 8-10 - no sequelae
ENT - Myringotomy age 12 - see above
Broken bones - nasal Frs several times
Cyst - sebaceous cyst removed pat neck 8-10 yrs ago.
Rectal disease - anal fissures.
Knee - synovitis both knees - see above
Sea sickness - noted.

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER

DATE 7-31-10

NUMBER OF ATTACHED SHEETS

b6

CLINICAL RECORD		ELECTROCARDIOGRAPHIC RECORD		1969	
CLINICAL IMPRESSION F. B. I. Physical		MEDICATION		PREVIOUS ECG <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
AGE 44		SEX M	RACE Can	HEIGHT 73"	WEIGHT 190
B P		[REDACTED]		DATE 31 JUL 1970	
RHYTHM		AXIS DEVIATION (QRS)		RATES AURIC VENT	
INTERVALS PR QRS QT		P WAVES			
QRS COMPLEXES					
RS-T SEGMENT		T WAVES			
UNIPOLAR EXTREMITY LEADS (Specify)					

PRECORDIAL LEADS (Specify)

SUMMARY SERIAL CHANGES AND IMPLICATIONS

S.B. + Arrhythmia
otherwise wNL

SINUS BRADYCARDIA AND ARRHYTHMIA
OTHERWISE WITHIN NORMAL LIMITS

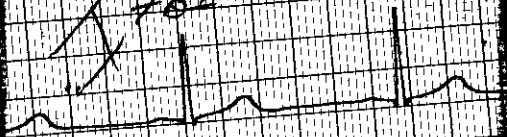
NO ECG 772	[REDACTED]	(on reverse)	ROOM	DATE
PATIENT'S IDENTIFICATION Roemer, William A. Jr. FBI		REGISTER NO	WARD NO	

ELECTROCARDIOGRAPHIC RECORD
Standard Form 520
520-104
(Attach tracings to S F 507)
0109.201.4802

7-31-70
mm

⑧ *Demer, William*
782

7-31-70



II



III



R



2



F



V1



V2



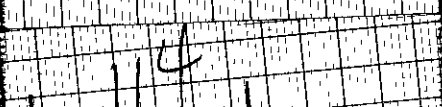
V3



V4



V5



V6



V7



V8



V9



Budget Bureau
Approved 50-R0390

b2

Excellent. None.

OPTIONAL FORM 58
MAY 1968
CIVIL SERVICE COMMISSION
FPM CHAPTER 293
5058-101

CLINICAL RECORD						ELECTROCARDIOGRAPHIC RECORD		PREVIOUS ECG		
CLINICAL IMPRESSION						MEDICATION		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
								<input type="checkbox"/> EMERGENCY	<input type="checkbox"/> BEDSIDE	
AGE 43						SEX M		<input checked="" type="checkbox"/> ROUTINE		<input type="checkbox"/> AMBULANT
								DATE JUL 1969		
RACE CAL		HEIGHT 73"		WEIGHT 190		B P				
RHYTHM						AXIS DEVIATION (QRS)		RATES		
								AURIC VENT		
INTERVALS						P WAVES				
PR						QRS		QT		
QRS COMPLEXES										
								b6		
RS-T SEGMENT						T WAVES				
UNIPOLAR EXTREMITY LEADS (Specify)										

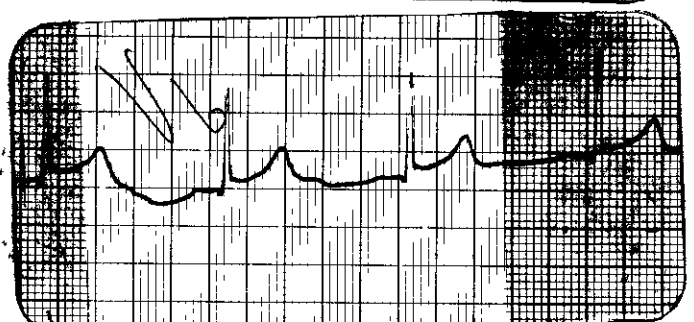
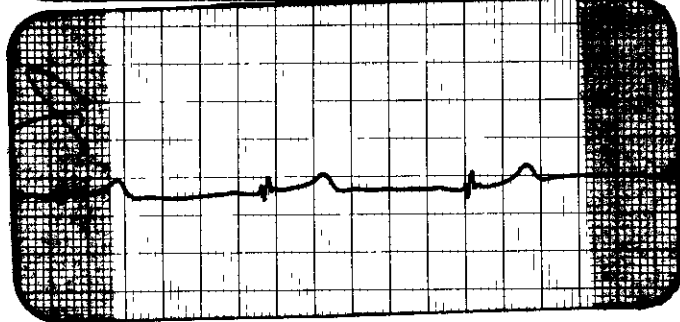
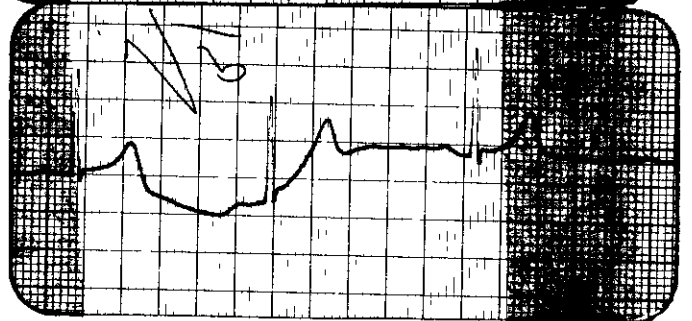
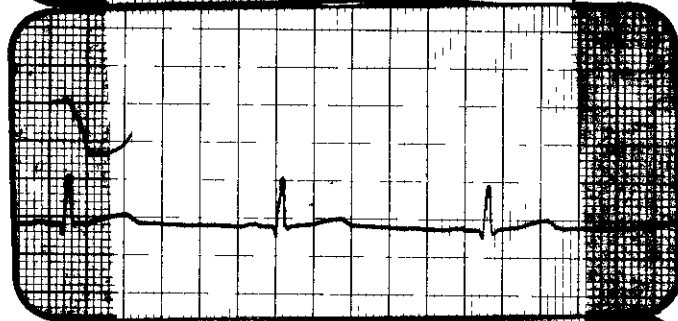
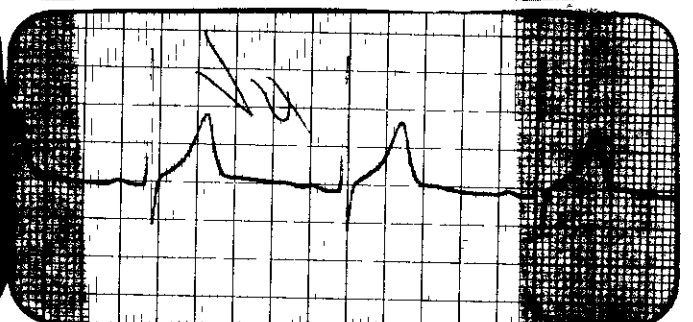
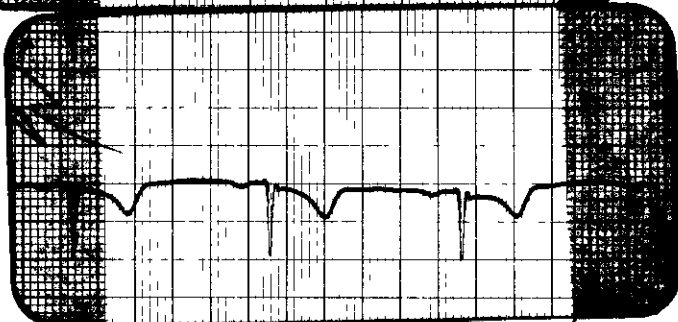
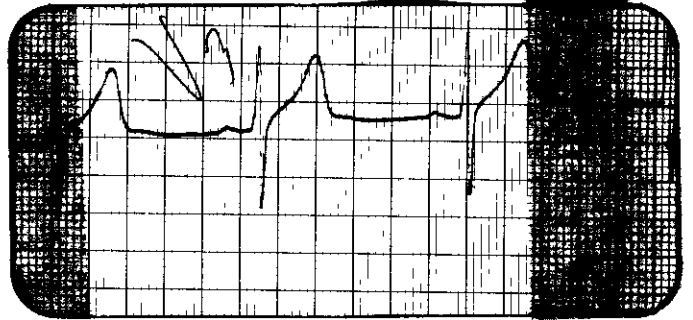
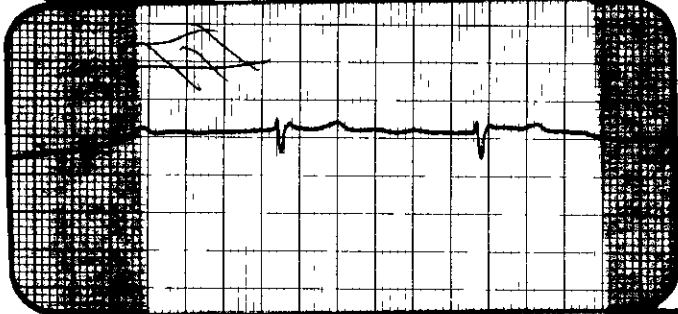
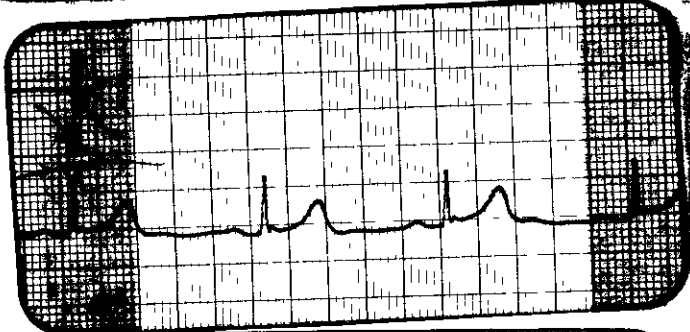
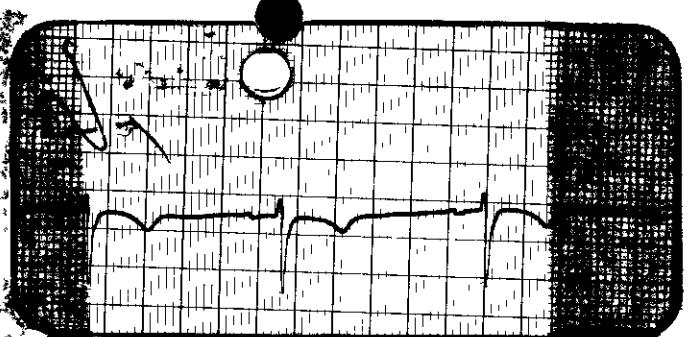
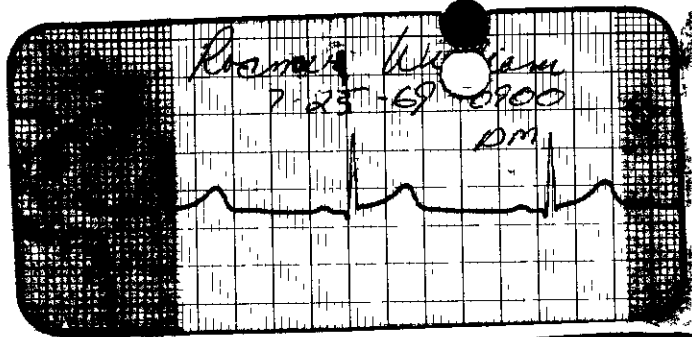
PRECORDIAL LEADS (Specify)


SUMMARY, SERIAL CHANGES AND IMPLICATIONS

ALL

WITHIN NORMAL LIMITS

NO ECG	[Redacted]		U.S. DEPT. OF JUSTICE	DATE 85 JUL 1969
PATIENT'S IDENTIFICATION (For typed or written entries give Name—last, first middle, grade, date, hospital or medical facility)			REGISTER NO.	WARD NO.
Roemer, William F Jr FBI				
ELECTROCARDIOGRAPHIC RECORD Standard Form 520 520-104 (Attach tracings to S F 507) 0109.201.4802				



CLINICAL RECORD								ELECTROCARDIOGRAPHIC RECORD				PREVIOUS ECG	
CLINICAL IMPRESSION								MEDICATION				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
												<input type="checkbox"/> EMERGENCY <input type="checkbox"/> BEDSIDE	
AGE	SEX	RACE	HEIGHT	WEIGHT	B P	SIGN						DATE	
42	M	Car	73"	190								8 5 JUL 1968	
RHYTHM								RATES				I	
								AURIC				VENT	
INTERVALS								P WAVES					
PR								GRS				QT	
QRS COMPLEXES													
RS-T SEGMENT								T WAVES					
UNIPOLAR EXTREMITY LEADS (Specify)													

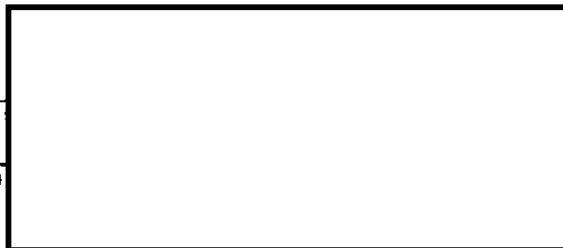
b6

PRECORDIAL LEADS (Specify)

SUMMARY, SERIAL CHANGES AND IMPLICATIONS

WITHIN NORMAL LIMITS

NO
ECG
PATIENT'S IDENTIFICATION



26 JUL 1968
REGISTER NO
WARD NO

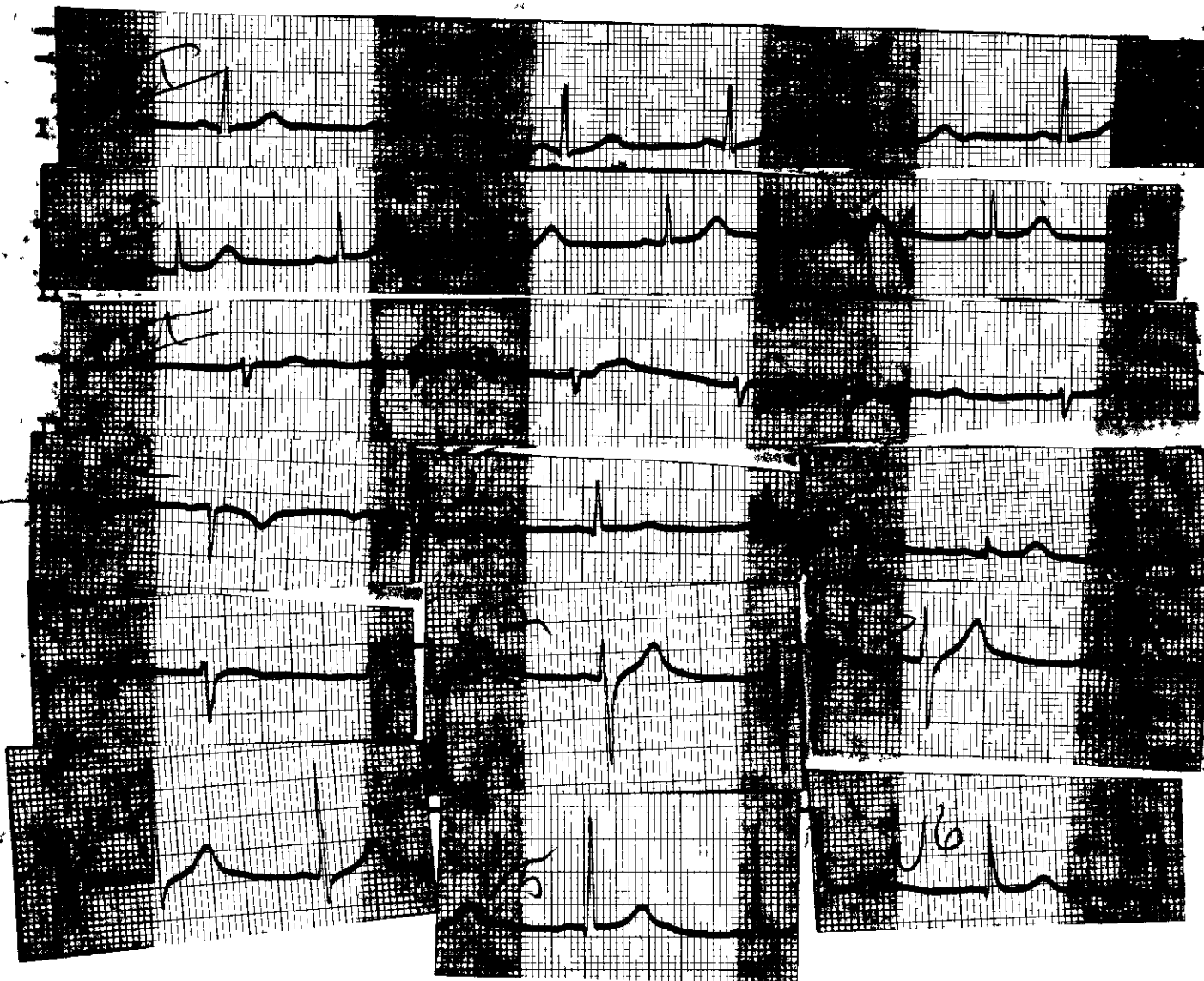
ELECTROCARDIOGRAPHIC RECORD
Standard Form 520
520-104
(Attach tracings to S F 507)
0109.201.4802

Roemer, ~~REAR~~
7B2

ECG MONITORING SHEET

9000 6150/46 (Heart Station) (2-9) (6-68)

PAGE Reimer W. F. DATE 7-26-68 0910 6M



CLINICAL RECORD							ELECTROCARDIOGRAPHIC RECORD			PREVIOUS ECG	
CLINICAL IMPRESSION							MEDICATION			<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
										<input type="checkbox"/> EMERGENCY	<input type="checkbox"/> BEDSIDE
RHYTHM							AXIS DEVIATION (QRS)			<input type="checkbox"/> REGULAR	<input checked="" type="checkbox"/> AMBULANT
										RATES	
INTERVALS							P WAVES			AURIC	VENT
PR							QRS			QT	
QRS COMPLEXES											
RS-T SEGMENT							T WAVES				
UNIPOLAR EXTREMITY LEADS (Specify)											

b6

PRECARDIAL LEADS (Specify)

SUMMARY SERIAL CHANGES AND IMPLICATIONS

WITHIN NORMAL LIMITS

NO	[Redacted Box]	28 JUL 1967
ECG		P.T. ROOM
PATIENT'S IDENTIFICATION (For typed or written entries give name—last, first, middle, grade, date, hospital or medical facility)		REGISTER NO

Raemer William J. Jr.
F B I.

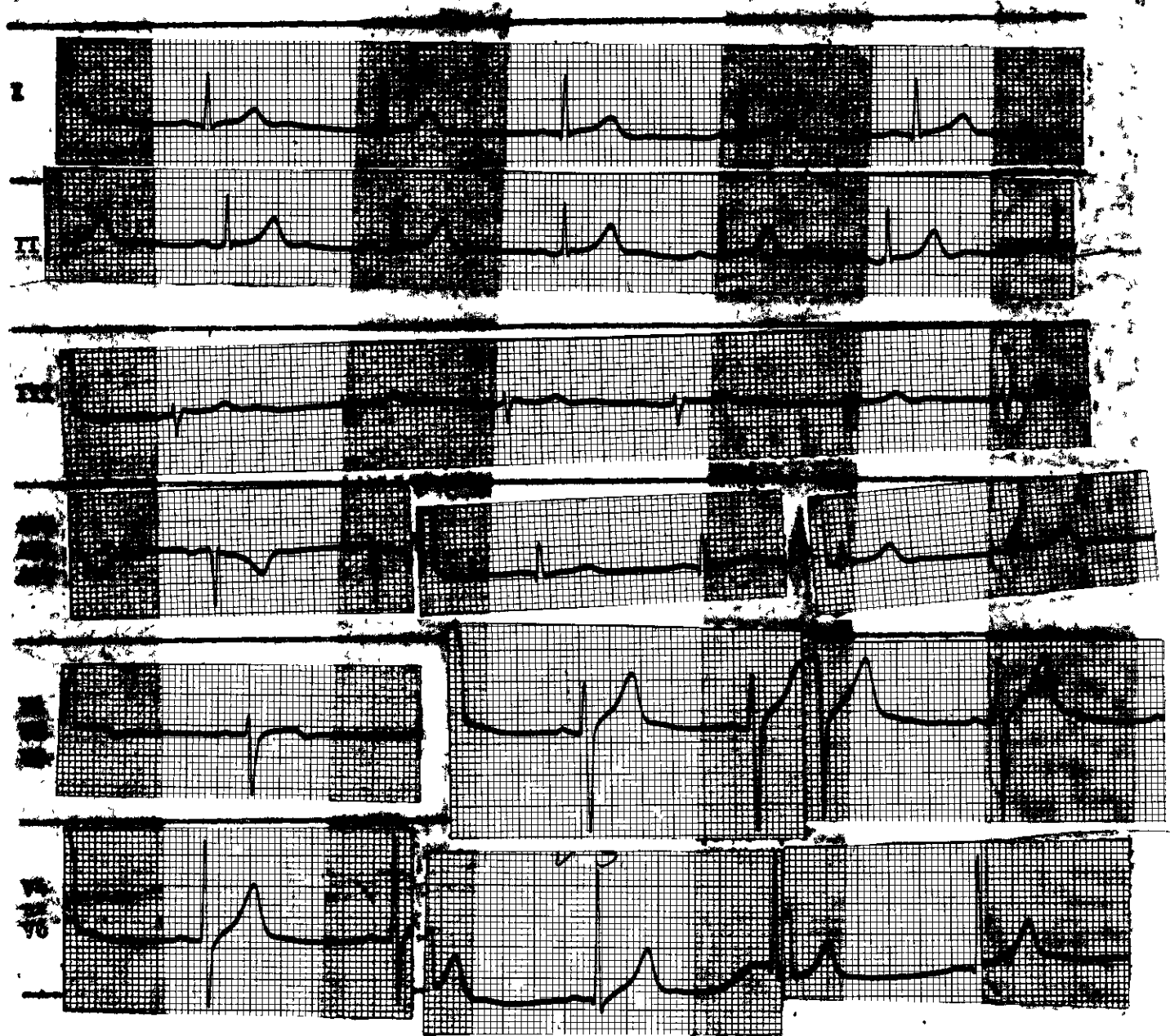
ELECTROCARDIOGRAPHIC RECORD
Standard Form 520
520-104
(Attach tracings to S. F. 507)
0109-201-4802

Fm

ECG MONITORING SHEET

50/46 (Heart Station) (2-9) (2-67)

NAME Roemer, Willie DATE 7/28/67 TIME 0855 L4



CLINICAL RECORD						ELECTROCARDIOGRAPHIC RECORD		PREVIOUS ECG	
CLINICAL IMPRESSION						MEDICATION		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
								<input type="checkbox"/> EMERGENCY	<input type="checkbox"/> BEDSIDE
RHYTHM						AXIS DEVIATION (QRS)		<input checked="" type="checkbox"/> ROUTINE	<input checked="" type="checkbox"/> AMBULANT
								RATES	
INTERVALS						P WAVES		AURIC	VENT
QRS COMPLEXES						T WAVES			
RS-T SEGMENT									

AGE 40 SEX M RACE Cca HEIGHT 73" WEIGHT 190 B P [REDACTED] DATE 29 Jul 66

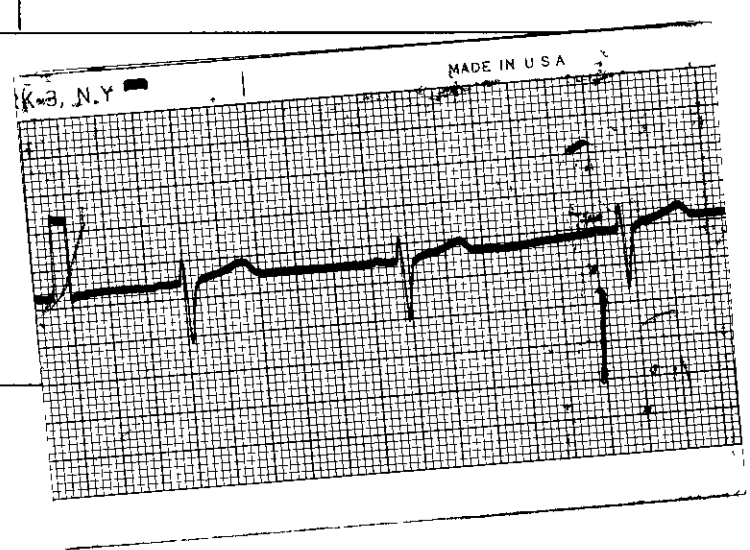
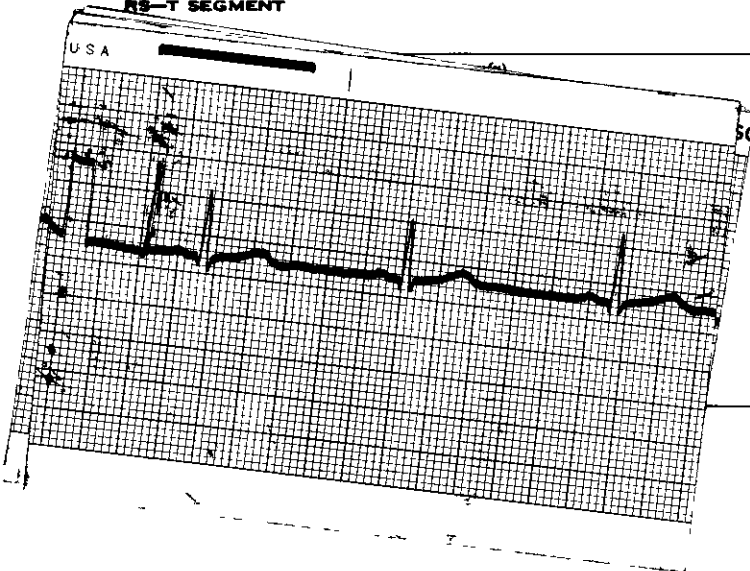
RHYTHM [REDACTED] RATES AURIC VENT

INTERVALS PR QRS QT P WAVES

QRS COMPLEXES

RS-T SEGMENT

T WAVES



SUMMARY, SERIAL CHANGES AND IMPLICATIONS

WITHIN NORMAL LIMITS

NO	[REDACTED]	reverse)
ECG	[REDACTED]	TITLE
PATIENT'S IDENTIFICATION (Last, first, middle, grade, date, hospital or medical facility)		DATE 1 AUG 1966
ROEMER, William F., Jr. FBI		REGISTER NO. [REDACTED] WARD NO. [REDACTED]

ELECTROCARDIOGRAPHIC RECORD
Standard Form 520
520-104
(Attach tracings to S F 507)
0109.201.4802

CLINICAL RECORD						ELECTROCARDIOGRAPHIC RECORD		PREVIOUS ECG	
CLINICAL IMPRESSION						MEDICATION		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
								<input type="checkbox"/> EMERGENCY <input type="checkbox"/> BEDSIDE <input type="checkbox"/> ROUTINE <input type="checkbox"/> AMBULANT	
AGE 39	SEX male	RACE cauc	HEIGHT 73	WEIGHT 190	B P			DATE 23 July 65	
RHYTHM						AXIS DEVIATION (QRS)		RATES	
INTERVALS						P WAVES		AURIC VENT	
PR						QRS		QT	
QRS COMPLEXES									
RS-T SEGMENT						T WAVES			
UNIPOLAR EXTREMITY LEADS (Specify)									

b6

PRECORDIAL LEADS (Specify)

SUMMARY SERIAL CHANGES AND IMPLICATIONS

Rate is 73. PR interval 0.16. Sinus rhythm intermediate position. Within normal limits.

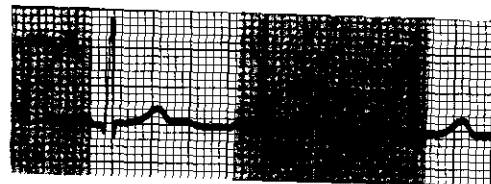
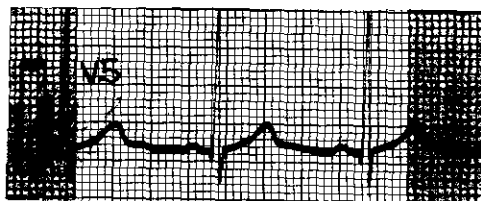
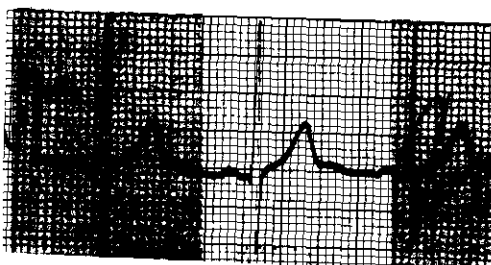
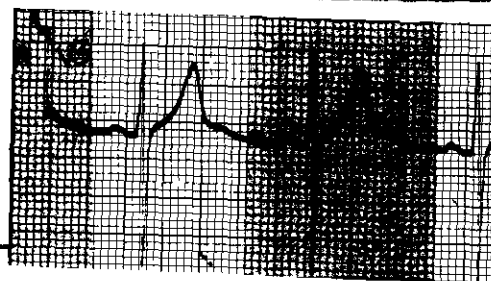
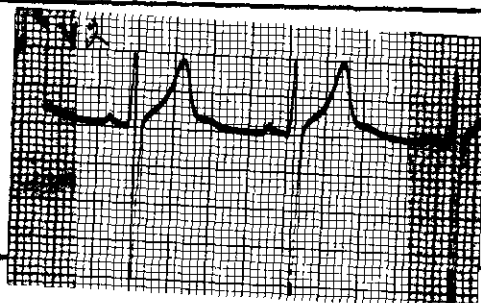
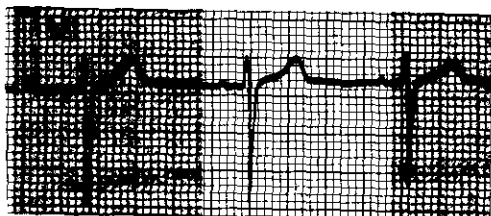
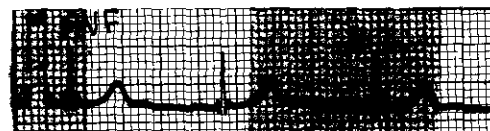
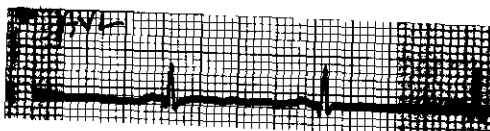
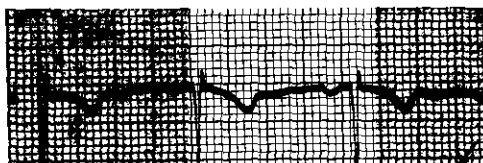
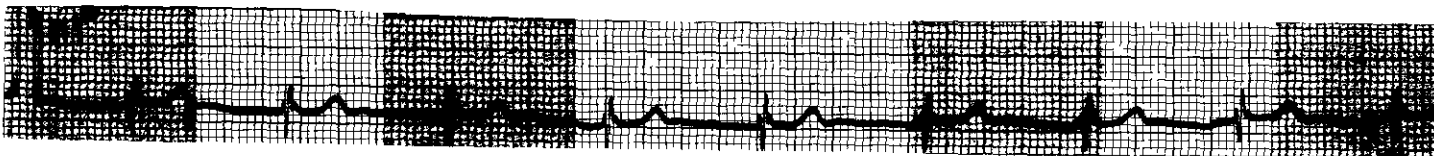
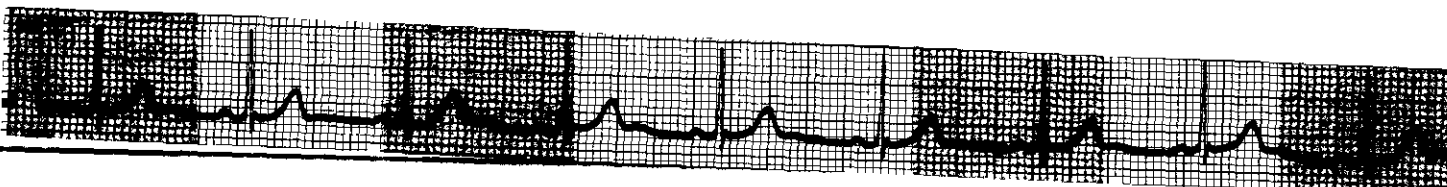
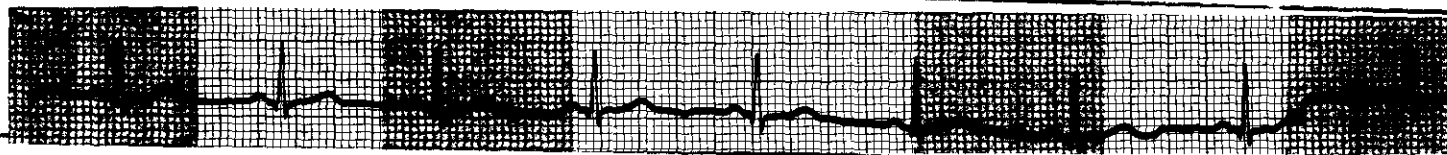
NO			(Continue on reverse)	
ECG			TITLE	DATE
PATIENT'S IDENTIFICATION		REGISTER NO		WARD NO
Roemer William				26 JULY 65
FBI				

ELECTROCARDIOGRAPHIC RECORD
Standard Form 520
520-104
(Attach tracings to S. F. 507)
0109.201.4802

9 ND NH13 6150.46
(12-61) C-9

U.S. Naval Hospital
Great Lakes, Illinois

NAME Kuerner, William
DATE 23 July 65
TIME 0905



CLINICAL RECORD		ELECTROCARDIOGRAPHIC RECORD		PREVIOUS ECG <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
CLINICAL IMPRESSION		MEDICATION		<input type="checkbox"/> EMERGENCY <input type="checkbox"/> BEDSIDE <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> AMBULATORY	
AGE 38	SEX M	RACE Cauc	HEIGHT 73"	WEIGHT 190	DATE 7-24-64
RHYTHM		AXIS DEVIATION (QRS)		RATES AURIC VENT	
INTERVALS PR QRS QT		P WAVES			
QRS COMPLEXES					
RS-T SEGMENT		T WAVES			
UNIPOLAR EXTREMITY LEADS (Specify)					

b6

PRECARDIAL LEADS (Specify)

31 1/2 sec. interval if off the main line.
1-2

SUMMARY, SERIAL CHANGES AND IMPLICATIONS

1) Sinus tachycardia of 55, otherwise normal electrocardiogram.

NO ECG	8	reverse)	TITLE	DATE 7-24-64
PATIENT'S IDENTIFICATION (For typed or written entries give Name—last, first, middle, grade, date, hospital or medical facility)			REGISTERED NO.	WARD NO.

ROEMER
Roemer, William
FBI Special Agent

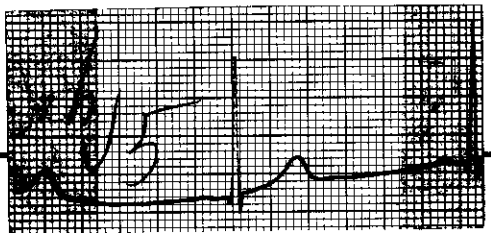
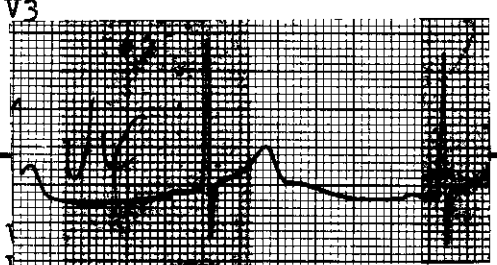
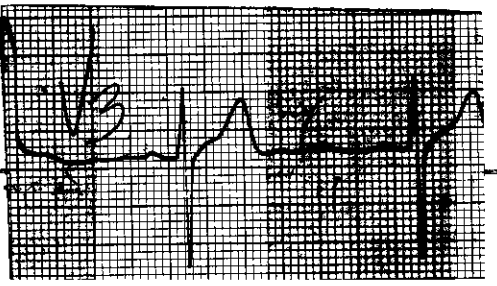
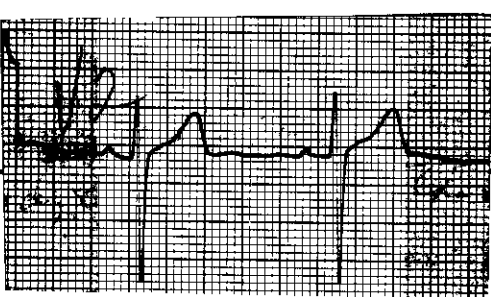
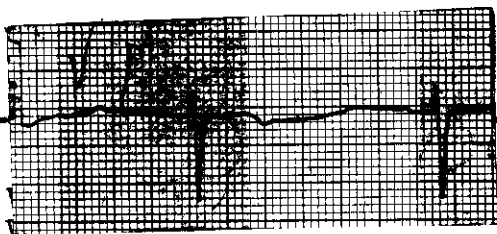
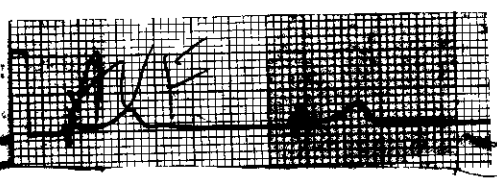
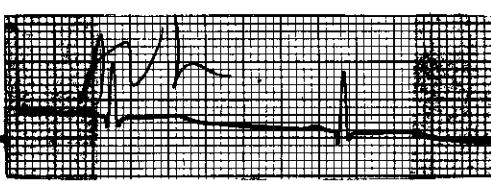
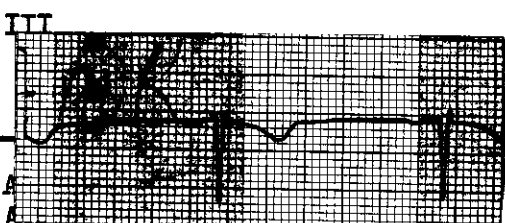
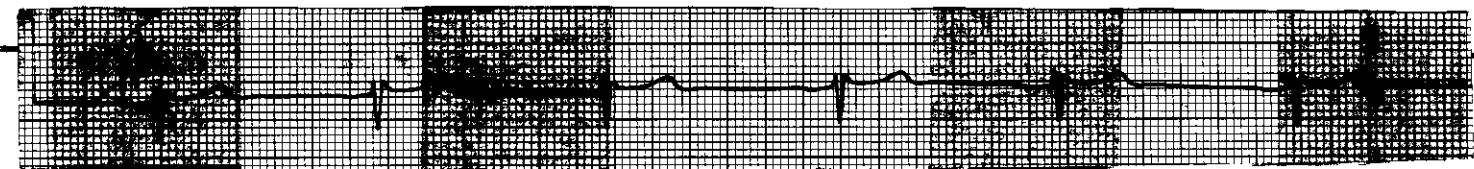
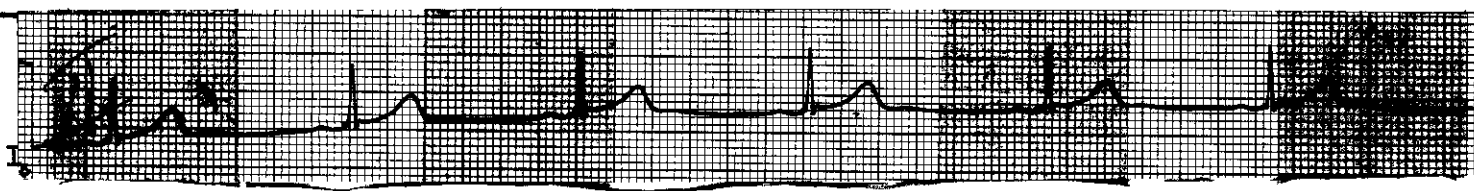
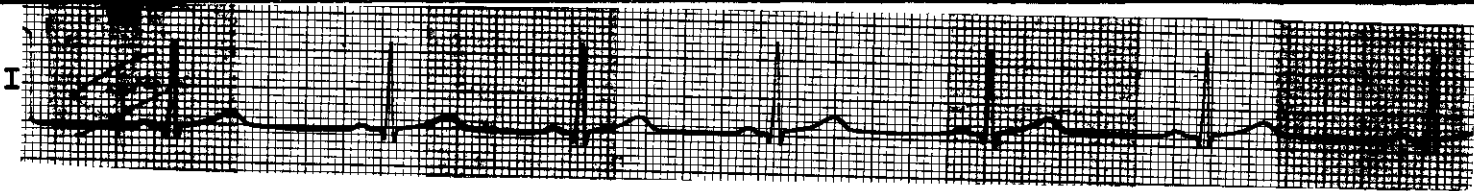
P.E. ROOM

ELECTROCARDIOGRAPHIC RECORD
Standard Form 880
520-104
(Attach stamp to S F 887)

700 1013 6150.46
(12-61) C-9

U.S. NAVAL HOSPITAL
GREAT LAKES, ILLINOIS

NAME Robner, William
DATE 7-24-64
TIME 1054



CLINICAL RECORD						ELECTROCARDIOGRAPHIC RECORD				PREVIOUS ECG <input type="checkbox"/> YES <input type="checkbox"/> NO	
CLINICAL IMPRESSION						MEDICATION				<input type="checkbox"/> EMERGENCY	<input type="checkbox"/> REDSIDE
										<input type="checkbox"/> IN	<input type="checkbox"/> AMBULANT
AGE 37	SEX M	RACE C	HEIGHT 6'1	WEIGHT 190	S P					DATE 8-2-67	
RHYTHM						AXIS DEVIATION (QRS)				RATES AURIC VENT	
INTERVALS PR QRS QT						P WAVES					
QRS COMPLEXES											
RS-T SEGMENT						T WAVES					
UNIPOLAR EXTREMITY LEADS (Specify)											
17-15											
PRECARDIAL LEADS (Specify)											

b6

1

SUMMARY SERIAL CHANGES AND IMPLICATIONS

WITHIN NORMAL LIMITS

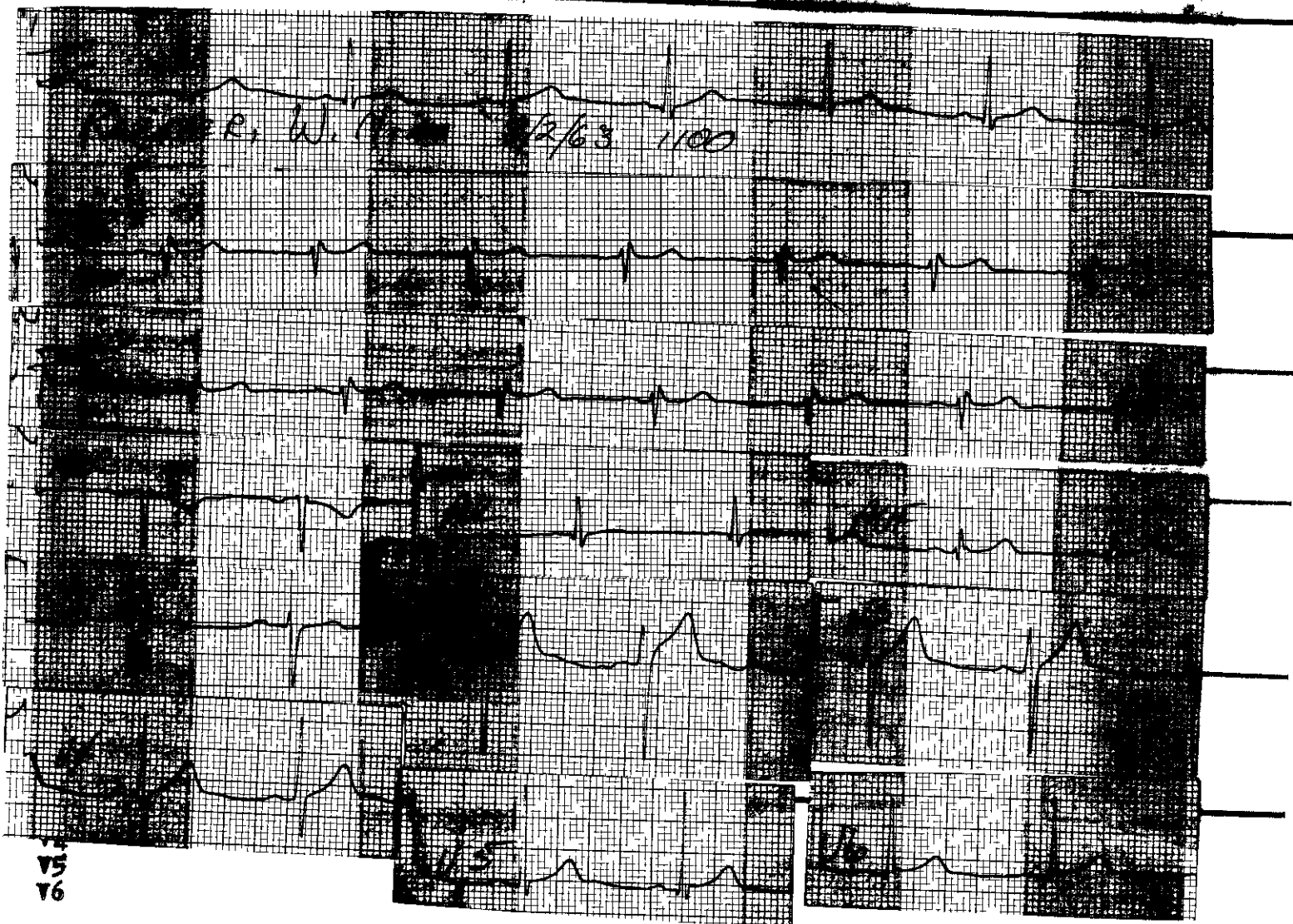
NO		(Continue on reverse)		DATE	
ECG 131					
PATIENT'S IDENTIFICATION (For typed or written entries give Name—last first middle, grade, date, hospital or medical facility)				REGISTER NO	
ROMER, William					
FBI				WARD NO	

9ND NML3 6150.46
(12-61) C-9

U.S. NAVAL HOSPITAL
GREAT LAKES, ILLINOIS

EKG # 7557

DATE 8/2/63



ELECTROCARDIOGRAPHIC RECORD

PATIENT Palmer, Wm. F. Jr. 181
DATE 8/3/62 AGE 36 SEX Male CODE _____

DR. (S) _____

ADDRESS _____ TEL NO _____

OCCUPATION _____ PLACE OF TEST _____

ARMED FORCES EXAMINING STATION
615 W. VAN BUREN STREET
CHICAGO 7, ILLINOIS

PHYSICAL DATA _____
(HT, WT, B P, ETC) _____

MEDICATION DIGITALIS QUINIDINE
☐ YES ☐ NO ☐ YES ☐ NO ☐ YES ☐ NO ☐ YES ☐ NO

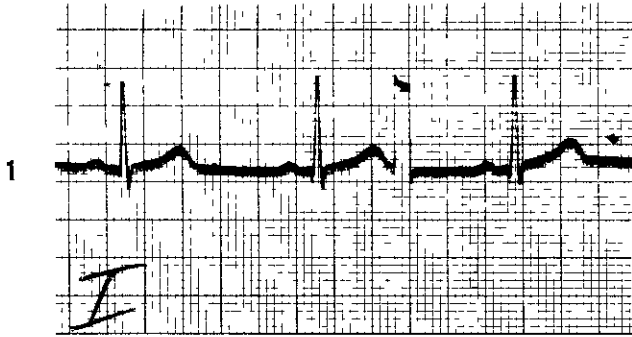
REMARKS _____

OTHER TEST OR _____

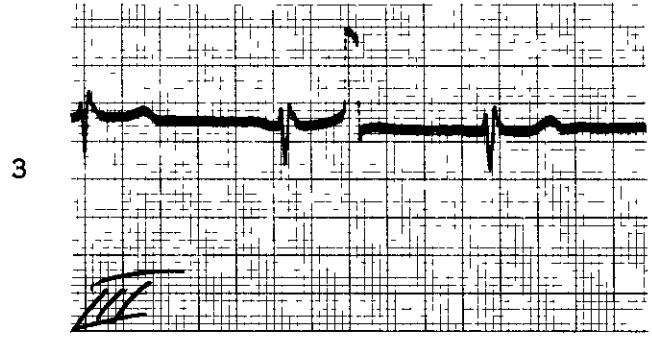
PATIENT DATA _____

PATIENT

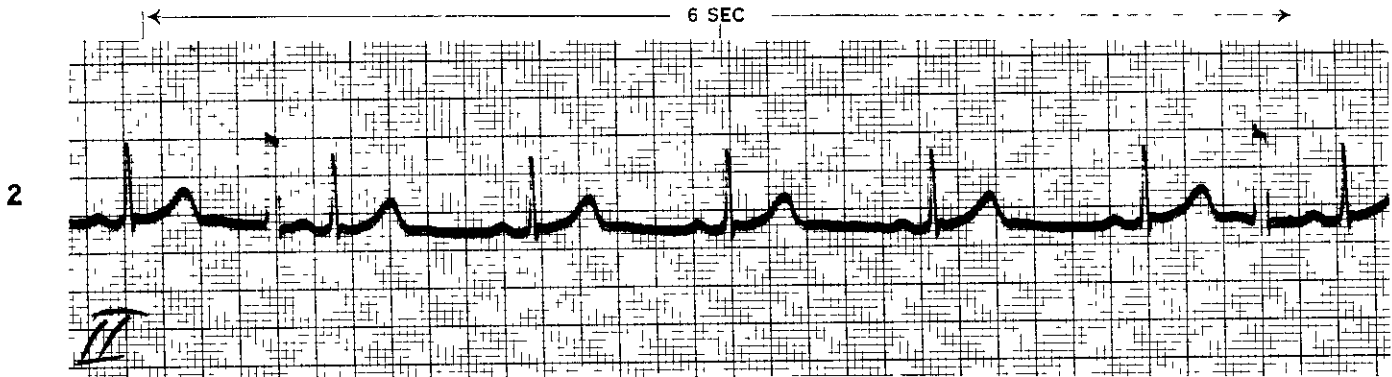
LIMB LEADS



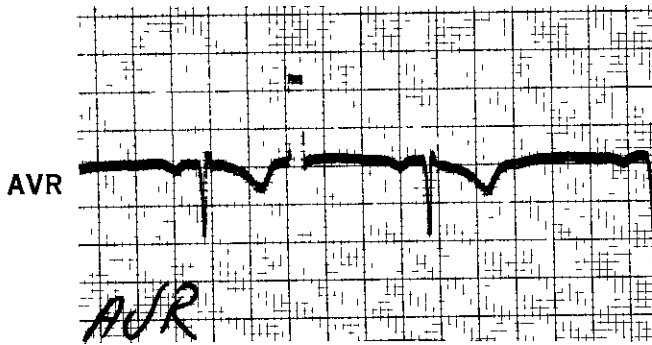
OBS _____



OBS _____



OBS _____



OBS _____



OBS _____

AURIC RATE _____ Q-R-S INT _____

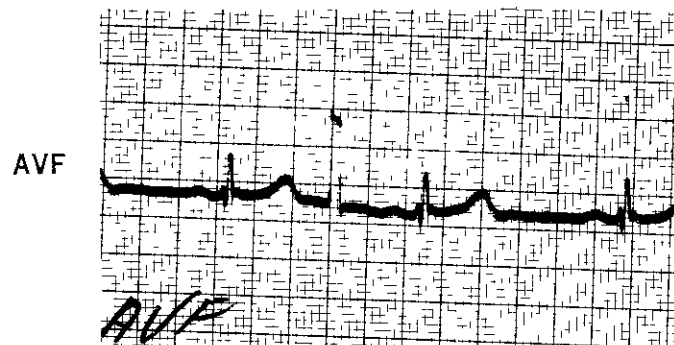
VENT. RATE _____ Q-T INT _____

RHYTHM _____ S-T SEG _____

P WAVES _____ T WAVES _____

P-R INT _____ HEART POS. _____

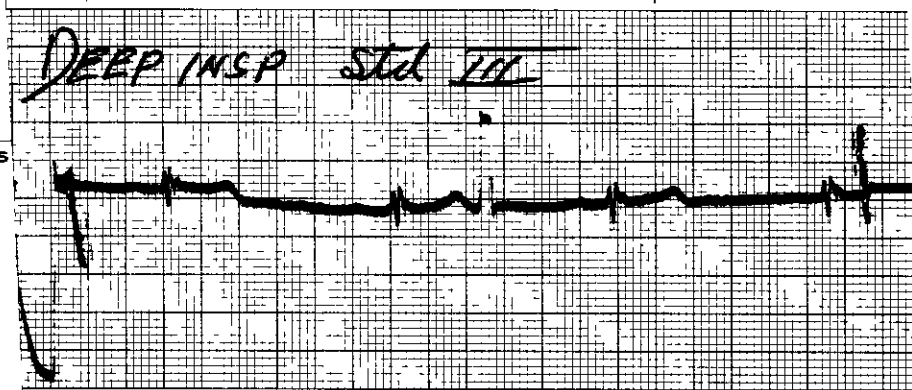
OTHER & REMARKS _____



OBS _____

CLINICAL RECORD				ELECTROCARDIOGRAPHIC RECORD				PREVIOUS ECG	
CLINICAL IMPRESSION				MEDICATION				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
								<input type="checkbox"/> EMERGENCY <input type="checkbox"/> BEDSIDE <input checked="" type="checkbox"/> ROUTINE <input checked="" type="checkbox"/> AMBULANT	
AGE 36	SEX M	RACE Caucasian	HEIGHT 72	WEIGHT 190	B P	SIGNATURE OF WARD PHYSICIAN			DATE 3 Aug 62
RHYTHM				AXIS DEVIATION (QRS)				RATES	
								AURIC VENT	
INTERVALS PR QRS QT				P WAVES					
QRS COMPLEXES									
RS-T SEGMENT				T WAVES					
UNIPOLAR EXTREMITY LEADS (Specify)									

PRECORDIAL LEADS



SANBORN VISO CARDIETTE *Permapaper*

SUMMARY SERIAL CHANGES AND IMPLICATIONS

(Continue on reverse)

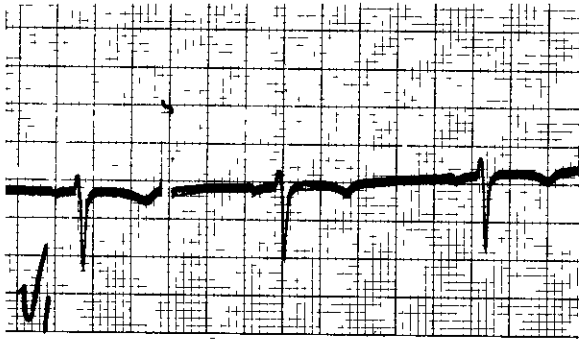
NO ECG	SIGNATURE	TITLE	DATE
PATIENT'S IDENTIFICATION (For typed or written entries give Name—last first middle, grade, date, hospital or medical facility)		REGISTER NO	WARD NO

ROEMER, WILLIAM FRANCIS JR., FBI, 3 Aug 62 AFES, Chicago

ELECTROCARDIOGRAPHIC RECORD
Standard Form 520
520-103
(Attach tracings to S F 507)

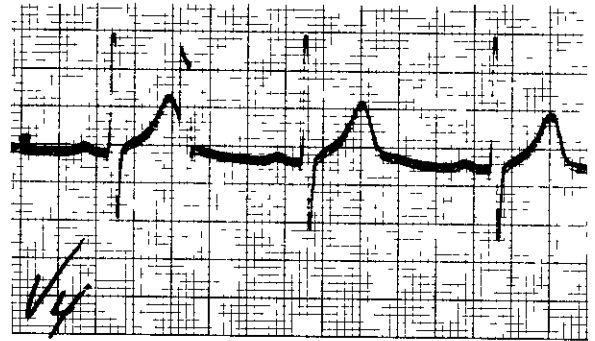
CHEST LEADS

V₁
CF₁
CR₁
CL₁



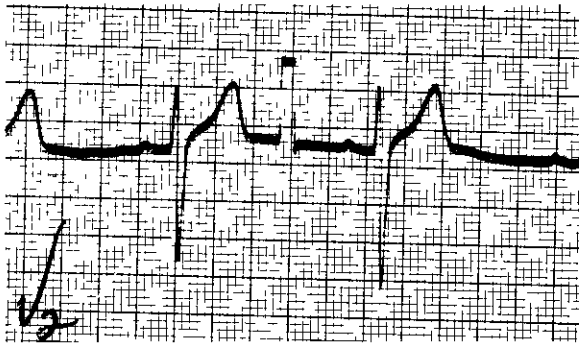
OBS _____

V₄
CF₄
CR₄
CL₄



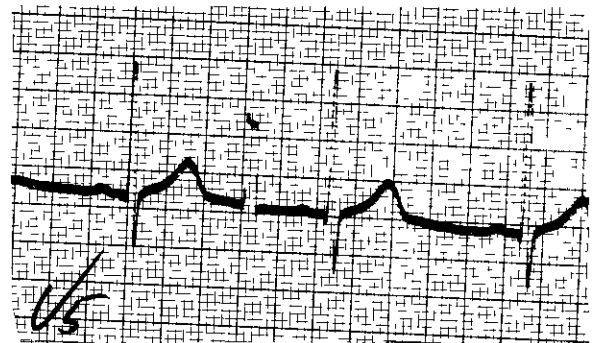
OBS _____

V₂
CF₂
CR₂
CL₂



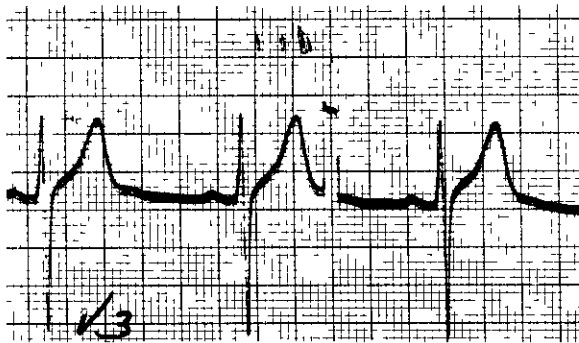
OBS _____

V₅
CF₅
CR₅
CL₅



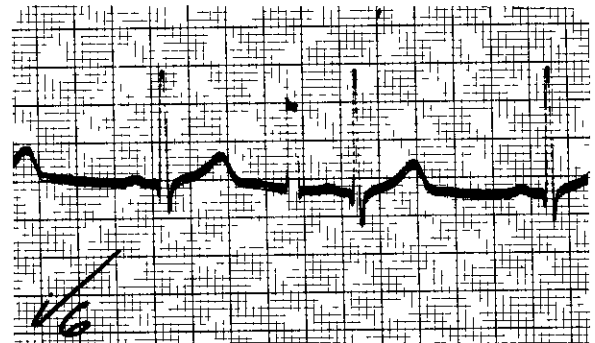
OBS _____

V₃
CF₃
CR₃
CL₃



OBS _____

V₆
CF₆
CR₆
CL₆



OBS _____

ADDED AND/OR SPECIAL LEADS (ALSO STD IF DESIRED)

OBS _____

OBS _____

OBS _____

PREVIOUS ECG(S) _____
(AND/OR OTHER COMPARISONS) _____

CONCLUSIONS

Within Normal Limits

b6

 M.D.

CLINICAL RECORD						ELECTROCARDIOGRAPHIC RECORD		PREVIOUS ECG	
CLINICAL IMPRESSION						MEDICATION		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
								<input type="checkbox"/> EMERGENCY	<input type="checkbox"/> BEDSIDE
								<input type="checkbox"/> ROUTINE	<input type="checkbox"/> AMBULANT
AGE 25	SEX M	RACE W	HEIGHT 6'1"	WEIGHT 189	B P	SIGNATURE OF WARD PHYSICIAN			DATE
RHYTHM						AXIS DEVIATION (QRS)		RATES	
								AURIC	VENT
INTERVALS						P WAVES			
PR						QRS			
QT						QRS COMPLEXES			
RS-T SEGMENT						T WAVES			
UNIPOLAR EXTREMITY LEADS (Specify)									

PRECORDIAL LEADS (Specify)

SUMMARY, SERIAL CHANGES AND IMPLICATIONS

Normal result

NO	<div style="border: 1px solid black; width: 250px; height: 40px;"></div>	TITLE		DATE
ECG 47511		b6		8-10-61
PATIENT'S IDENTIFICATION (For typed or written entries give Name—last, first, middle, grade, date, hospital or medical facility)				REGISTER NO
ROEMER, William F Jr				WARD NO
				P

BD-6-16-26

ELECTROCARDIOGRAPHIC RECORD

Standard Form 520

520-103

(Attach tracings to S F 507)

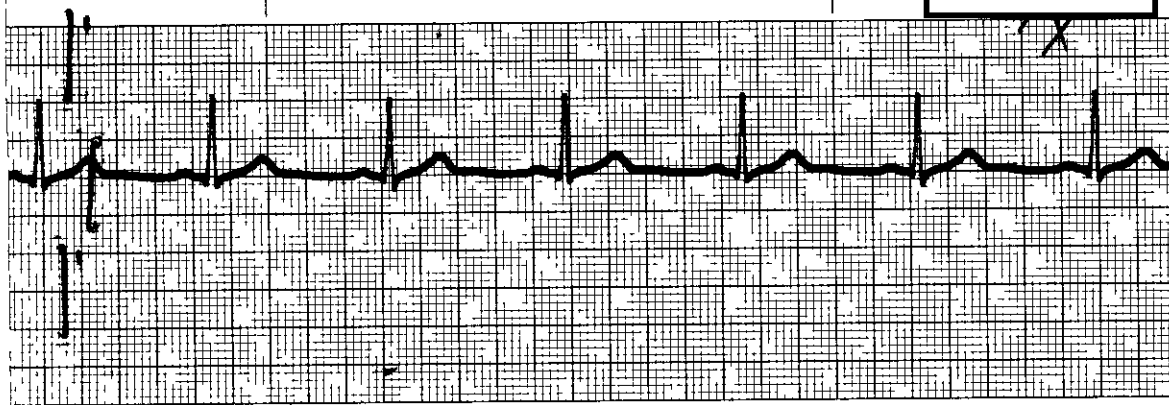
CLINICAL RECORD

Report on _____

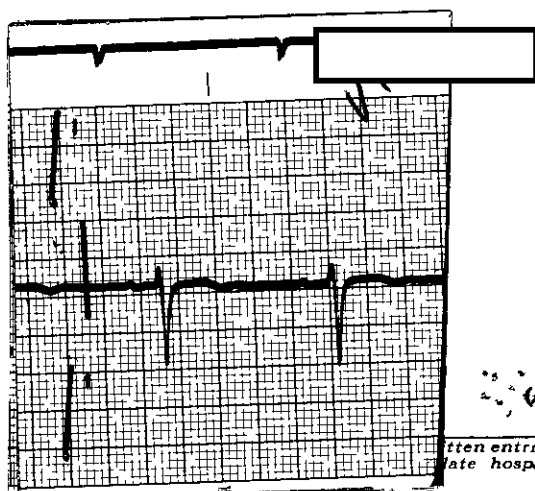
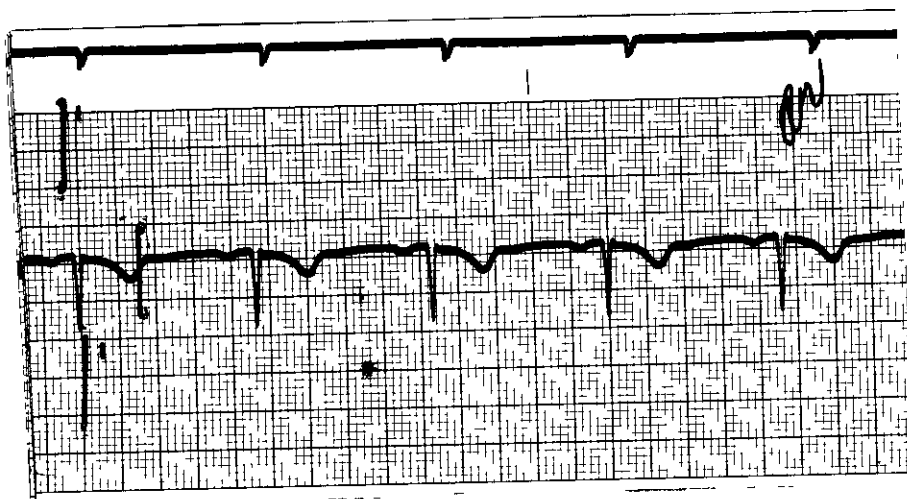
or

Continuation of S. E.

(ta)



b6



(Continue on reverse side)

When entries give Name—last first
state hospital or medical facility)

REGISTER NO

WARD NO

REPORT ON _____ or CONTINUATION OF _____

B.D. 6/16/54

CLINICAL RECORD						ELECTROCARDIOGRAPHIC RECORD		PREVIOUS ECG	
CLINICAL IMPRESSION						MEDICATION		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
								<input type="checkbox"/> EMERGENCY	<input type="checkbox"/> BEDSIDE
AGE 33						SEX M		RACE W	
WEIGHT 195						B P		SIGNATURE OF WARD PHYSICIAN	
RHYTHM						AXIS DEVIATION (QRS)		RATES	
INTERVALS						P WAVES		AURIC VENT	
PR						QRS		QT	
QRS COMPLEXES						RS-T SEGMENT		T WAVES	
UNIPOLAR EXTREMITY LEADS (Specify)									

PRECORDIAL LEADS (Specify)

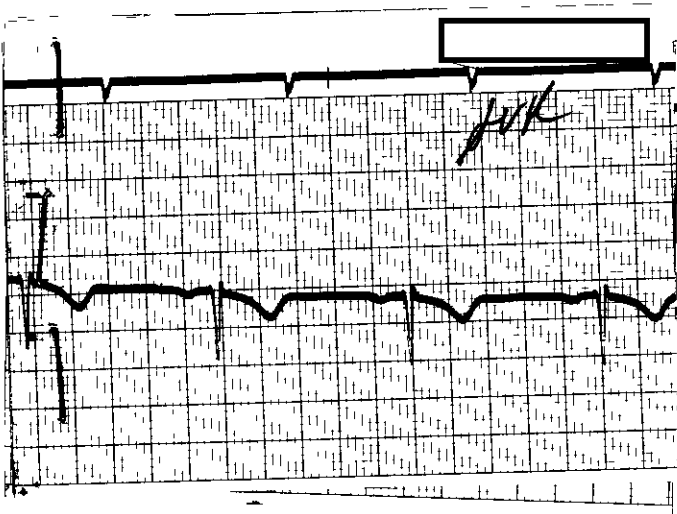
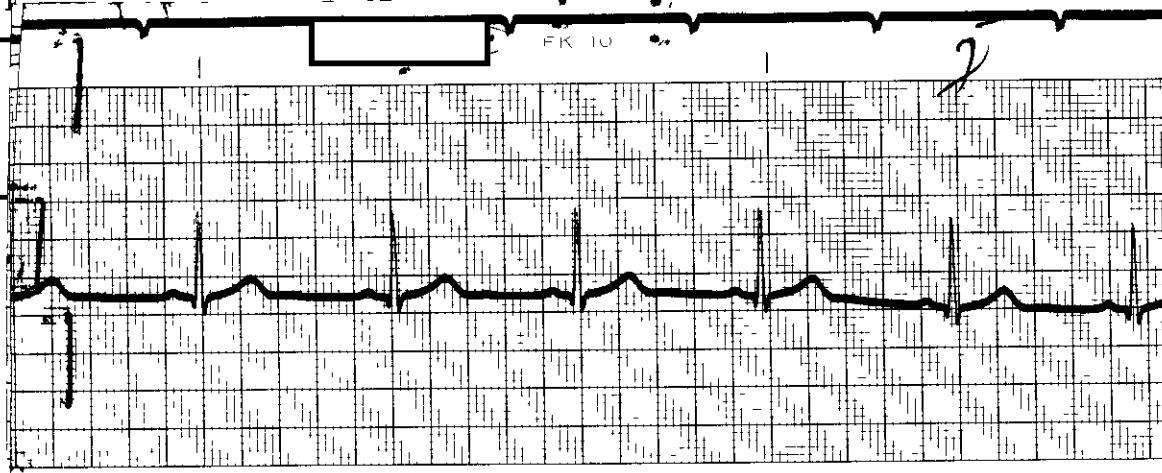
SUMMARY, SERIAL CHANGES AND IMPLICATIONS

Normal curve

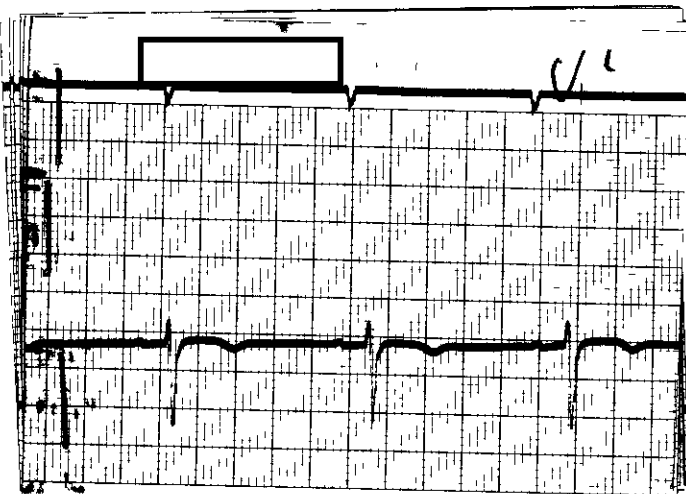
b6

NO	SIGNATURE	TITLE		DATE
ECG 47511				8-6-59
PATIENT'S IDENTIFICATION (For typed or written entries give Name—last, first middle, grade, date, hospital or medical facility)			REGISTER NO	WARD NO
Rosen, William				FBI

ELECTROCARDIOGRAPHIC RECORD
Standard Form 520
(Attach tracings to S F 507)



b6



(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give Name—last, first, middle, grade, date, hospital or medical facility)

REGISTER NO.

WARD NO

ENCLOSURE

REPORT ON _____ or CONTINUATION OF _____
Standard Form 507

**APPLICATION FOR RETIREMENT
CIVIL SERVICE RETIREMENT SYSTEM**

(USE ONLY IF SEPARATED ON OR AFTER
OCTOBER 20, 1969)

To Avoid Delay—1 Read Information Carefully, 2 Complete Application in Full, 3 Typewrite or Print in Ink

A IDENTIFYING INFORMATION

1 NAME (Last) (First) (Middle) ROEMER WILLIAM FRANCIS, JR			2 LIST ALL OTHER NAMES YOU HAVE USED	
3 ADDRESS (Including ZIP code) 3001 Camino Camelia Tucson, Arizona 85705			4 PHONE NUMBER (Including Area Code) (602) 743-0092	5 DATE OF BIRTH (Month) (Day) (Year) 6-16-26
7A ARE YOU A CITIZEN OF THE UNITED STATES OF AMERICA? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			7B IF NO, OF WHAT COUNTRY ARE YOU A CITIZEN?	
8A ARE YOU MARRIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			8B IF YES, GIVE THE FOLLOWING INFORMATION	
			DATE OF MARRIAGE (Month) (Day) (Year) 6-12-48	PLACE OF MARRIAGE (City) (State) South Bend, Indiana
			MARRIAGE PERFORMED BY <input checked="" type="checkbox"/> CLERGYMAN OR JUSTICE OF THE PEACE <input type="checkbox"/> OTHER (Specify)	
9A DO YOU HAVE ANY UNMARRIED CHILDREN UNDER AGE 22 (Or over age 22 and incapable of self support because of a disability incurred before age 18)? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
9B IF YES, LIST NAME AND DATE OF BIRTH OF EACH CHILD. WRITE THE WORD DISABLED AFTER CHILD'S NAME WHEN APPLICABLE				
CHILD'S NAME (First) (Middle) (Last)		DATE OF BIRTH (Mo) (Day) (Yr)		CHILD'S NAME (First) (Middle) (Last)

B CIVILIAN AND MILITARY SERVICE

1 DEPARTMENT OR AGENCY IN WHICH PRESENTLY OR LAST EMPLOYED, INCLUDING BUREAU OR DIVISION AND ADDRESS INCLUDING ZIP CODE Federal Bureau of Investigation Tucson, Arizona		2 DATE OF FINAL SEPARATION (Month) (Day) (Year) 2 29 80		3 APPROXIMATE YEARS OF FEDERAL SERVICE CIVILIAN 29 1/2 MILITARY 1 1/4	
		4 TITLE OF LAST POSITION Special Agent			
5 DO YOU HAVE FEDERAL EMPLOYEES GROUP LIFE INSURANCE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	6 IF YOU HAVE REGULAR LIFE INSURANCE, DO YOU ALSO HAVE OPTIONAL LIFE INSURANCE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	7A HAVE YOU BEEN ENROLLED IN A PLAN UNDER THE FEDERAL EMPLOYEES HEALTH BENEFITS PROGRAM SINCE YOUR FIRST OPPORTUNITY TO ENROLL OR FOR AT LEAST FIVE YEARS IMMEDIATELY BEFORE YOUR RETIREMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	7B IF YES, PLEASE LIST YOUR CURRENT CARRIER CONTROL NUMBER ENROLLMENT CODE NUMBER 3202370 442		
8 COMPLETE THE SCHEDULE BELOW IF YOU HAVE PERFORMED ACTIVE DUTY THAT TERMINATED UNDER HONORABLE CONDITIONS IN ANY OF THE FOLLOWING SERVICES: (A) ARMY NAVY MARINE CORPS AIR FORCE OR COAST GUARD OF THE UNITED STATES OR (B) REGULAR CORPS OR RESERVE CORPS OF THE PUBLIC HEALTH SERVICE AFTER JUNE 30, 1960 OR (C) AS A COMMISSIONED OFFICER OF THE COAST AND GEODETIC SURVEY AFTER JUNE 30, 1961, OR (D) AS A COMMISSIONED OFFICER OF THE ENVIRONMENTAL SCIENCE SERVICES ADMINISTRATION. ATTACH A COPY OF YOUR DISCHARGE CERTIFICATE OR OTHER CERTIFICATE OF ACTIVE MILITARY SERVICE IF AVAILABLE.					
BRANCH OF SERVICE	SERIAL NUMBER	DATE OF ENTRANCE ON ACTIVE DUTY	DATE OF SEPARATION FROM ACTIVE DUTY	LAST GRADE OR RANK	ORGANIZATION AT DISCHARGE (Dist Regt Co etc)
USMC	1019426	7-12-45	10-7-46	PFC	1st Division 7th Regt.
9A ARE YOU A MILITARY RESERVIST (Either Active or Inactive)? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
9B ARE YOU IN RECEIPT OF OR HAVE YOU EVER APPLIED FOR MILITARY RETIRED PAY? (Retired pay does not include V.A. pension or compensation) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		9C IF YES, WERE YOU RETIRED FROM A RESERVE COMPONENT UNDER CHAPTER 67 TITLE 10 U.S.C. (Formerly Title III Public Law 80-810) <input type="checkbox"/> YES <input type="checkbox"/> NO			

C DISABILITY INFORMATION (Only Applicants for Total Disability Retirement Will Complete This Part)

1 BRIEFLY DESCRIBE YOUR DISABILITIES, STATE WHEN OCCURRED AND HOW THEY INTERFERE WITH PERFORMANCE OF THE DUTIES OF YOUR POSITION. (ATTACH ADDITIONAL COMMENTS ON PLAIN SHEET OF PAPER IF NECESSARY) ALSO, STATE MONTH AND YEAR IN WHICH YOU BECAME TOTALLY DISABLED

D OTHER CLAIM INFORMATION

1A HAVE YOU EVER RECEIVED OR MADE APPLICATION FOR COMPENSATION UNDER THE FEDERAL EMPLOYEES' COMPENSATION ACT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	1B IF YES, STATE THE NUMBER OF YOUR COMPENSATION CLAIM AND THE PERIOD FOR WHICH YOU RECEIVED COMPENSATION CLAIM NUMBER FROM (Mo) (Day) (Year) TO (Mo) (Day) (Year)
2A HAVE YOU PREVIOUSLY FILED ANY APPLICATION UNDER THE CIVIL SERVICE RETIREMENT SYSTEM INCLUDING APPLICATION FOR RETIREMENT REFUND DEPOSIT OR REDEPOSIT OR VOLUNTARY CONTRIBUTIONS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	2B IF YES, INDICATE THE TYPE(S) OF APPLICATION AND GIVE THE CLAIM NUMBER(S) IF KNOWN <input type="checkbox"/> RETIREMENT <input type="checkbox"/> DEPOSIT OR REDEPOSIT <input type="checkbox"/> VOLUNTARY CONTRIBUTIONS CLAIM NUMBER(S)
3A DO YOU HAVE LIFE INSURANCE THROUGH A FORMER EMPLOYEE BENEFICIAL ASSOCIATION FOR WHICH YOU NOW PAY PREMIUMS TO THE CIVIL SERVICE COMMISSION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	3B IF YES, GIVE YOUR ACCOUNT NUMBER
4A HAVE YOU EVER BEEN EMPLOYED UNDER ANOTHER RETIREMENT SYSTEM FOR FEDERAL OR DISTRICT OF COLUMBIA EMPLOYEES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	4B IF YES, GIVE THE NAME OF THE OTHER RETIREMENT SYSTEM

INDICATE, BY SIGNING YOUR INITIALS IN THE APPROPRIATE BOX BELOW, THE TYPE OF ANNUITY YOU WANT TO RECEIVE. READ THE EXPLANATIONS AND CONSIDER THE MATTER CAREFULLY. NO CHANGE WILL BE PERMITTED AFTER AN ANNUITY HAS BEEN GRANTED. IF YOU WANT AN ANNUITY WITH A SURVIVOR BENEFIT, BE SURE TO GIVE THE OTHER INFORMATION CALLED FOR.

F. TYPES OF ANNUITY, MARRIED APPLICANTS ONLY

1. <input checked="" type="checkbox"/> INITIALS	ANNUITY WITH SURVIVOR BENEFIT TO WIDOW OR WIDOWER	<ul style="list-style-type: none">If you are married, you will receive this type of annuity unless you choose the annuity in F 2.The annuity payable to you during your lifetime will be reduced by 2½% of any amount up to \$3,600 a year used as the base for the survivor benefit, plus 10% of any amount over \$3,600 so used.If your wife (or husband) should die before you, no change in type of annuity will be permitted, your annuity will not be increased, nor may you name any other person as survivor.The survivor's annuity will not begin until your death.
<p>SPECIFY THE PORTION OF YOUR ANNUITY YOU WANT USED AS THE BASE FOR YOUR WIDOW'S (OR WIDOWER'S) SURVIVOR ANNUITY</p> <p>If you want all your annuity used as the base for the survivor benefit, write the word "all" in the box below. If you want only part of your annuity used as the base for the survivor benefit, write the yearly amount of your annuity you want used.</p> <p><input checked="" type="checkbox"/> ALL</p> <p>THE SURVIVOR'S ANNUITY WILL BE 55% OF ALL OR WHAT EVER PORTION OF YOUR ANNUITY YOU SPECIFY AS THE BASE FOR HER (OR HIS) BENEFIT.</p>		
2. <input type="checkbox"/> INITIALS	ANNUITY WITHOUT SURVIVOR BENEFIT (I do not desire my wife (or husband) to receive a survivor annuity benefit after my death.)	<ul style="list-style-type: none">If you choose this type, your wife (or husband) cannot be paid a survivor annuity after your death.This type provides annuity payments to you only.

G. TYPES OF ANNUITY, UNMARRIED APPLICANTS ONLY (Including Widowed and Divorced)

1. <input type="checkbox"/> INITIALS	ANNUITY WITHOUT SURVIVOR BENEFIT	<ul style="list-style-type: none">If you are not married, you will receive this type of annuity unless you choose the annuity in G 2.This type provides annuity payments to you only.						
2. <input type="checkbox"/> INITIALS	ANNUITY WITH SURVIVOR BENEFIT TO NAMED PERSON HAVING AN INSURABLE INTEREST	<ul style="list-style-type: none">This type is available to all retiring <i>unmarried</i> employees who are in good health.It provides a reduced annuity to you and a survivor annuity to the person named as having an insurable interest.The survivor's annuity will not begin until your death.The survivor's annuity will be 55% of the reduced annuity you receive.If you choose this type of annuity you will have to undergo a medical examination which will be arranged by the Civil Service Commission at no cost to you.If the person named as having an insurable interest should die before you, no change in type of annuity will be permitted, your annuity will not be increased, nor may you name any other person as survivor.						
<p>SPECIFY THE NAME, RELATIONSHIP, DATE OF BIRTH, AND SOCIAL SECURITY ACCOUNT NUMBER OF THE PERSON YOU WISH TO RECEIVE THE SURVIVOR ANNUITY</p> <table border="1"><tr><td colspan="2">NAME OF PERSON (First, middle, last)</td></tr><tr><td>RELATIONSHIP</td><td>DATE OF BIRTH (Mo., day, yr.)</td></tr><tr><td></td><td>SOCIAL SECURITY ACCOUNT NUMBER</td></tr></table> <p>SEE UNMARRIED EMPLOYEES UNDER INFORMATION REGARDING SURVIVOR ANNUITIES ON THE ATTACHED INFORMATION SHEET FOR EXPLANATION OF REDUCTION IN YOUR ANNUITY.</p>		NAME OF PERSON (First, middle, last)		RELATIONSHIP	DATE OF BIRTH (Mo., day, yr.)		SOCIAL SECURITY ACCOUNT NUMBER	
NAME OF PERSON (First, middle, last)								
RELATIONSHIP	DATE OF BIRTH (Mo., day, yr.)							
	SOCIAL SECURITY ACCOUNT NUMBER							

H. CERTIFICATION OF APPLICANT

WARNING.—Any intentional false statement in this application or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years or both (18 U.S.C. 1001).

I hereby certify that all statements made in this application are true to the best of my knowledge and belief.

1-25-80
(DATE)

LMF (Korner)
(SIGNATURE OF APPLICANT)

I. FOR USE OF EMPLOYING AGENCY (See FPM Supplement 831-1 for instructions)

CHECK APPROPRIATE BOX	
<input type="checkbox"/>	INDIVIDUAL RETIREMENT RECORD, SF 2806, AND REGISTER OF SEPARATIONS AND TRANSFERS, SF 2807, ARE ATTACHED
<input type="checkbox"/>	INDIVIDUAL RETIREMENT RECORD, SF 2806, WAS SENT TO U.S. CIVIL SERVICE COMMISSION ON _____ (DATE)
WITH REGISTER OF SEPARATIONS AND TRANSFERS, SF 2807, NO	
NAME OF AGENCY PERSON WHO CAN FURNISH ADDITIONAL INFORMATION ABOUT THIS APPLICATION, IF NECESSARY (Type or print)	
<div>3/DM</div>	
TELEPHONE NUMBER, INCLUDING AREA CODE	DEPARTMENT OR AGENCY
	Federal Bureau of Investigation
OFFENSES BARRING ANNUITY PAYMENTS: Title 5 USC 8312 prohibits payment of annuity to persons who have committed specified offenses involving the national security of the United States. Employing agencies are responsible for submitting all pertinent information to the Civil Service Commission's Bureau of Retirement, Insurance, and Occupational Health in any case when this law possibly applies.	

AGENCY CERTIFICATION OF		INSURANCE STATUS	
Federal Employees Group Life Insurance Program			
1. NAME (Last) (First) (Middle)		2(a) DATE OF BIRTH (Month, Day Year)	
Roemer, William F., Jr. (Mr.)		6-16-26	
3 CHECK THE REASON FOR TERMINATING INSURANCE			
(a) <input type="checkbox"/> Separated (includes resignations) (b) <input checked="" type="checkbox"/> Retired (c) <input type="checkbox"/> Died as an employee (d) <input type="checkbox"/> Died as a reemployed annuitant (e) <input type="checkbox"/> End of 12 months non-pay status (f) <input type="checkbox"/> Other (specify)		NOTE If the reason checked is "b, Retired" your group life insurance (but not accidental death and dismemberment benefits) will continue during retirement if you meet the conditions described in "Notice to Retiring Employee" below.	
4 CHECK APPROPRIATE BOX CONCERNING SF 54, DESIGNATION OF BENEFICIARY			
(a) <input type="checkbox"/> CURRENT SF 54 ATTACHED		(b) <input checked="" type="checkbox"/> A CURRENT SF 54 IS NOT ON FILE WITH THIS AGENCY	
(c) <input type="checkbox"/> A CURRENT SF 54 IS ON FILE IN THE EMPLOYEE'S OFFICIAL PERSONNEL FOLDER (OR EQUIVALENT)			
NOTE IF EMPLOYEE (A) DIED OR (B) IS RETIRING OR RECEIVING FEDERAL EMPLOYEES' COMPENSATION UNDER CONDITIONS ENTITLING HIM TO RETAIN HIS LIFE INSURANCE, ATTACH CURRENT SF 54 IF ANY, TO ORIGINAL SF 56 AND CHECK BOX 4 (a) ON ORIGINAL AND ALL COPIES OF SF 56. IF NO CURRENT SF 54 IS ON FILE, CHECK BOX 4 (b) IN ALL OTHER CASES, SHOW WHETHER OR NOT CURRENT SF 54 IS ON FILE BY CHECKING BOX 4 (b) OR (c). A CURRENT SF 54 IS ONE THAT HAS NOT BEEN CANCELED BY EMPLOYEE OR AUTOMATICALLY BY TRANSFER OR PRIOR TERMINATION OF INSURANCE.			
5 DATE OF EVENT (CHECKED IN ITEM 3) (MONTH, DAY, YEAR)	6 ANNUAL BASIC PAY RATE (NOT AMOUNT OF INSURANCE) ON DATE IN ITEM 5. CONVERT DAILY, HOURLY, PIECEWORK, ETC. RATE TO ANNUAL RATE	7 DID EMPLOYEE HAVE OPTIONAL INSURANCE ON DATE IN ITEM 5? NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> IF YES, GIVE RECEIPT DATE OF ELECTION OF OPTIONAL INSURANCE (SF 176 or 176-T)	8 DATE OF NOTICE OF CONVERSION PRIVILEGE (SF 55) TO EMPLOYEE (MONTH, DAY, YEAR)
2-29-80	\$ 42,876 PER ANNUM	2-14-68	
9 I CERTIFY THAT THE ABOVE INFORMATION HAS BEEN OBTAINED FROM, AND CORRECTLY REFLECTS, OFFICIAL RECORDS AND THAT THE EMPLOYEE NAMED WAS COVERED BY FEDERAL EMPLOYEES' GROUP LIFE INSURANCE ON THE DATE SHOWN IN ITEM 5			
Personal signature of authorized agency official 		Name and address of agency, including zip code FEDERAL BUREAU OF INVESTIGATION • EDGAR HOOVER BUILDING 400 STREET & PENNSYLVANIA AVE. N.W. WASHINGTON, D. C. 20535	
		Date 2-29-80	

IMPORTANT INFORMATION FOR EMPLOYEE

NOTICE TO RETIRING EMPLOYEE

As a retired employee, your regular life insurance (not accidental death and dismemberment) will be continued without cost to you, provided:

- You do not convert to an individual policy of life insurance, and
- You retire with 12 or more years' creditable service of which at least 5 years are civilian service, or on account of disability, and
- You retire on an immediate annuity.

Your optional life insurance, if you have any (not accidental death and dismemberment), may also be continued, provided:

- You do not convert it, and
- You continue your regular insurance, and
- You have had optional insurance from the time it first became available to you, and
- Your monthly annuity is sufficient, after all other deductions, to pay the full cost, and
- You continue to pay the full cost until you reach age 65 (the cost will be deducted from your monthly annuity check).

Your life insurance as a retired employee will be reduced by 2% each month beginning at age 65 or at retirement, whichever is later. The maximum reduction is 75%.

You may, if you prefer, convert your insurance to an individual life insurance policy in an amount not to exceed your combined regular and optional insurance. Or you may continue your regular insurance free after retirement, if eligible as described above, and convert only your optional insurance. Your employing office will instruct you on the procedure to follow if you want to convert only your optional insurance.

If you are eligible to continue your life insurance as a retired employee, your employing agency has been instructed to attach the ORIGINAL of this form to your application for retirement unless you prefer to convert your regular insurance to an individual policy.

If you receive the ORIGINAL copy of this Certification after you file your application for retirement, and you do not want to convert your regular insurance to an individual policy, forward the ORIGINAL as soon as possible to the agency or office which administers your retirement system. Keep the DUPLICATE copy for yourself. You will be notified by the Civil Service Commission of your insurance rights.

DEATH WITHIN 31 DAYS

Under certain conditions, life insurance is payable if death occurs within 31 days after an employee's group insurance terminates, even though the employee had not applied for conversion. If death occurs within this period, further information concerning possible benefits should be obtained from the agency named in item 9 above.

SEE OTHER SIDE

FOR ADDITIONAL IMPORTANT INFORMATION AND INSTRUCTIONS ABOUT CONVERSION TO AN INDIVIDUAL POLICY
AND CONTINUATION OF INSURANCE WHILE RECEIVING FEDERAL EMPLOYEES' COMPENSATION

U.S. Civil Service
Commission

FEDERAL EMPLOYEES HEALTH BENEFITS PROGRAM

29 6 112

NOTICE OF CHANGE IN HEALTH BENEFITS ENROLLMENT

Part A -- IDENTIFYING DATA

1 NAME (LAST) (FIRST) (MIDDLE INITIAL)	2 DATE OF BIRTH	3 CARRIER CONTROL NO
4 ADDRESS INCLUDING ZIP CODE	5	6
Roemer, William F. Jr.	6-16-26	3202370
3001 Camino Camelia Tucson, Arizona 85705	15-02-0001	442
		8 ACTION EFFECTIVE DATE
		2-29-80

ONLY THE ITEM WHICH IS CHECKED BELOW AFFECTS YOUR ENROLLMENT. READ THAT ITEM CAREFULLY AND FOLLOW INSTRUCTIONS. KEEP THIS FORM UNLESS YOUR ENROLLMENT IS TERMINATED AND YOU APPLY FOR CC VERSION.

Part B. -- TERMINATION

☐ YOUR ENROLLMENT TERMINATES ON THE DATE IN PART A ITEM 8 ABOVE

Part C. -- CHANGE IN PLAN

☐ YOUR ENROLLMENT SHOWN IN PART A ITEM 6 ABOVE HAS BEEN TERMINATED BECAUSE OF YOUR ENROLLMENT IN ANOTHER PLAN

Part D -- TRANSFER OUT

☒ YOUR ENROLLMENT CONTINUES BUT IS TRANSFERRED TO YOUR NEW PAYROLL OFFICE (OR RETIREMENT SYSTEM).

**Retirement and Insurance Division
Office of Personnel Management
Washington, D. C. 20415**

Part E -- TRANSFER IN

YOUR NEW PAYROLL OFFICE (OR RETIREMENT SYSTEM) SHOWN IN PART D BELOW HAS ACCEPTED TRANSFER OF YOUR ENROLLMENT AND WILL CONTINUE IT ☐

Part F -- REINSTATEMENT

YOUR ENROLLMENT HAS BEEN REINSTATED EFFECTIVE ON THE DATE IN PART A ITEM 8 ABOVE ☐

Part G -- CHANGE IN NAME OF ENROLLEE

THE NAME IN WHICH THIS ENROLLMENT IS CARRIED HAS BEEN CHANGED TO

NAME	DATE OF BIRTH	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
ADDRESS INCLUDING ZIP CODE (IF DIFFERENT FROM PART A ITEM 4 ABOVE)		

Part H -- CHANGE IN ENROLLMENT -- SURVIVOR ANNUITY

YOUR ENROLLMENT HAS BEEN CHANGED FROM FAMILY COVERAGE TO SELF ONLY. YOUR PLAN WILL SEND YOU A NEW IDENTIFICATION CARD ☐

YOUR NEW ENROLLMENT
CODE NUMBER

(NOTE THIS ITEM TO BE COMPLETED BY RETIREMENT SYSTEMS ONLY)

Part I. -- REMARKS

Employee annuitant

Part J. -- DATE OF NOTICE

NAME OF AGENCY AND ADDRESS INCLUDING ZIP CODE	DATE
FEDERAL BUREAU OF INVESTIGATION UNITED STATES DEPARTMENT OF JUSTICE WASHINGTON, D.C. 20535	2-29-80

INFORMATION IN SUPPORT OF CIVIL SERVICE RETIREMENT APPLICATION

This form is *not* an Application for Retirement (SF 2801). Employing office must complete both sides of this form and attach it to the employee's SF 2801. For instructions regarding completion of this form see FPM Supplement 831-1

SECTION A-IDENTIFICATION

1 Name of Applicant (<i>Last, first, middle initial</i>)	3 Date of Birth (<i>Mo, Day, Year</i>)	
ROEMER, WILLIAM F. JR.	6-16-26	
2 List All Other Names Used (<i>Maiden name AKA, spelling variants</i>)	4 Other Birth Dates Used	7 Service Computation Date
ROEMER, WILLIAM FRANCIS JR.		6-25-49
	5 Military Serial Number	
	1019426	

b2

SECTION B-VERIFIED SERVICE HISTORY DOCUMENTED IN OFFICIAL PERSONNEL RECORDS

Federal Agency or Military Service Branch	Appointment, Separation, or Conversion Dates for Civilian and Active Honorable Military Service		Name of Retirement System	Remarks and Non- Creditable Time	Creditable Time		
	From	To			Yrs	Mos	Days
U.S. Post Office	Xmas 1942 (worked 39 hours)		None		0	0	5
Active Duty U.S. Marine Corps	7-13-45	10-7-46	Mil	Honorable (See attached)	1	2	25
FBI	9-25-50	2-29-80	CS	Law Enforcement	29	5	5
TOTAL CREDITABLE SERVICE					30	8	5

SECTION C-APPLICANT'S CERTIFICATION

- ☐ The Above Service is Complete. Note: Be sure there is enough service listed above for the type of retirement you are applying for.
- ☐ I Have Additional Service (*If additional service is claimed, attach signed statement giving dates, position, title and location of employment including agency, bureau and division. Claimed service cannot be credited for retirement until it has been verified, including unverified service listed on a SF 144, Statement of Prior Federal Civilian and Military Service, or similar affidavit.*)

Note: If you have performed Federal civilian service subject to social security deductions (FICA) or not subject to retirement deductions, be sure that your agency has correctly completed Section D (reverse)

Signature

Date

WFC

**SECTION D-DETAIL OF CIVILIAN SERVICE NOT SUBJECT TO CONTRIBUTORY RETIREMENT
SYS FOR CIVILIAN FEDERAL EMPLOYEES**

THIS INFORMATION IS REQUIRED TO COMPUTE THE PORTION OF ANNUITY BASED ON SUCH SERVICE

Detail below (1) any period of Federal civilian service subject to "FICA" deductions and (2) any other Federal civilian service not subject to a Federal employee (or D.C. Gov't) retirement system. If total basic salary earned for any such period of service is known, a summary entry may be entered on the righthand side below. Otherwise, show each change affecting basic salary during the period of service.

Nature of Action (Appr., promo, res., etc.)	Effective Date (Mo., Day, Year)	Basic Salary Rate	Salary Basis (Per annum, per hour, WAL, etc.)	Leave Without Pay	If Basic Salary Actually Earned is Available Make Summary Entry Below		
					From (Mo., Day, Year)	To (Mo., Day, Year)	Total Earned
appointed	Xmas 1942 (worked 39 hours)	\$.65	p/h				

SECTION E-HEALTH BENEFITS AND LIFE INSURANCE CERTIFICATION

Complete this section in all cases. If application is for disability retirement, the questions below should still be answered, but Health and Life Insurance documents should follow with employee's Final SF 2806 Individual Retirement Record.

1 Is Applicant Eligible to Continue Group Life Insurance Coverage During Retirement? (See Federal Personnel Manual supplement 870-1, Life Insurance, subchapter S6, for detailed instructions.)

☐ No (reason _____)

☐ Yes-Regular Only (Attach SF 56 and all SF 54's)

☒ Yes-Regular and Optional (Attach SF 56)

Optional Coverage Began

2-14-68

2 Is Applicant Eligible to Continue Federal Employees Health Benefits Enrollment During Retirement? (See Federal Personnel Manual supplement 890-1, health benefits, subchapter S14, for detailed instructions.) Attach all copies of SF 2809's and SF 2810's

☐ No (reason _____)

☒ Yes (If "yes," complete below)

Enrollment Code

442

Carrier Control Number

3202370

SECTION F-AGENCY CERTIFICATION

I certify that the information on this form accurately reflects verified information contained in official personnel and/or payroll records in the custody of this agency and that the retiring employee has sufficient service to support title to an immediate annuity.

		Agency Name and Address, Including Zip Code, and Telephone Number, Including Area Code
		FBI b6 10th St. & Pa. Ave. N. W. Washington, D. C. 20535
Date	2-11-80	

SECTION G-REMINDERS

- Applicant advised of survivor benefit options (See FPM 831-1 Subchapter 13 for instructions regarding married employee who elects annuity without survivor benefits.)
- Applicant has properly completed and signed SF 2801
- All names and dates of birth appearing in personnel folder are listed on reverse
- All service entered is verified (Alleged but unverified, service shown on SF 144 should not be listed.)

- Total base pay or pay rates are listed above for all Federal civilian service not subject to retirement deductions-
- If military retired pay must be waived to receive Civil Service credit for military service in accordance with FPM 831-1 subchapter S3 5f attach waiver request to this form
- If a tentative annuity computation has been performed, attach the computation to this form

W/PM

31095

United States Marine Corps

*Certificate of
Honorable and Satisfactory Service
in World War II*

This is to Certify that

PEC JULIAN FRANCIS ROEMER JR
1019426

has satisfactorily completed active service and is this date

DISCHARGED

Entered the United States Marine Corps

___ 12 July, 1945. ___

Began Active Service

___ 13 July, 1945. ___

Upon relief from Active Duty held Rank of

___ Private First Class. ___

given at GREAT LAKES, ILLINOIS

dated 7 October, 1946.

[Signature]

Signature

SECOND LIEUTENANT

Rank

RECEIVED EC RECORDS

THIS

U S MARINE CORPS REPORT OF SEPARATION

NAVMC 78 PD.

1 LAST NAME ROEMER (Jr)	FIRST NAME William	MIDDLE NAMES Francis	2 RANK PFC	3 PAY GRADE 6	4 SERIAL NUMBER 1019426
5 PERMANENT ADDRESS FOR MAILING PURPOSES 422 E. Angela Blvd, South Bend, Indiana			6 RACE W	7 SEX M	8 CITIZEN X
9 ADDRESS FROM WHICH PERSON WILL SEEK EMPLOYMENT Same as 5			10 MARRIED X	11 NO OF DEP none	12 DATE OF BIRTH 16 Jun 26
			13 PLACE OF BIRTH South Bend, Ind		

RECORD OF MARINE CORPS SERVICE

14 SELECTIVE SERVICE DATA X	15 ADDRESS AT TIME OF ENTRY INTO SERVICE Same as 5	16 SEL SER NO 3	17 COUNTY & STATE St. Joseph, Ind.
18 MEANS OF ENTRY ENLISTED <input type="checkbox"/> INDUCED <input type="checkbox"/> COMMISSIONED <input type="checkbox"/>	19 PLACE OF ENTRY INTO ACTIVE SERVICE Indianapolis, Indiana	20 DATE OF ENTRY 12 Jul 45	21 COMPONENT X
22 PENSION CLAIM FILED X	23 PLACE OF SEPARATION FROM ACTIVE SERVICE Great Lakes, Illinois	24 DATE OF SEPARATION 30 Oct 46	25 GRADE AT SEPARATION MC Sep Cen
26 TYPE OF DISCHARGE CERT Honorable.	27 LENGTH OF SERVICE AND/OR SEA SERVICE 7	28 YEAR 10	

29 MILITARY SPECIALTIES

Gen. Duty---521 Financial Clerk (622)

30 SERVICE SCHOOLS ATTENDED None	COURSES	WEEKS
--	---------	-------

31 PRINCIPAL MILITARY DUTY

GEN. DUTY---521 Financial Clerk (622)

EMPLOYMENT AND NON-SERVICE EDUCATIONAL DATA

32 CIVILIAN OCCUPATION (TITLE) Student	33 DOT NUMBER 0-X	34 YES X	35 LAST EMPLOYED X
36 JOB SUMMARY X			

37 SECONDARY OCCUPATION (TITLE) ---	38 DOT NUMBER ---	39 YES ---	40 LAST EMPLOYED ---
41 LAST EMPLOYER BEFORE ENTRY INTO SERVICE ---			42 DATE LEFT ---
43 YES AND DESIRED YES X			

44 EDUCATION IN YEARS GRAMMAR 8 HIGH SCHOOL 4 COLLEGE 1 DEGREE ---	45 MAJOR COURSES Comm.
46 TRADE COURSES None	47 COURSES OF GREATEST INTEREST None
48 LAST SCHOOL ATTENDED Notre Dame, South Bend, Ind.	

PREFERENCES

49 PREFERENCE FOR ADDITIONAL TRAINING Arte and Letters	REASON training.
50 JOB PREFERENCE Newspaper work.	REASON Und.

I certify that all information on this form pertaining to the Naval Service of the above named individual is in accord with the records of the U S Marine Corps and that a copy of this form has been delivered to him in person.

[Redacted Signature Area]

TYPE IN NAME OF OFFICER
William Francis Roemer
SIGNATURE OF D LC (ARJER) DATE **13 Sep 46**

LAST NAME	FIRST NAME	ALIAS NAME	DATE OF BIRTH	AGENCY	PATROL OFFICE	LOCATION	PATROL OFFICE NO
ROEMER	WILLIAM F.	JR.	MO 6 DAY 16 YR. 26	JUSTICE	FBI	WASH. D. C.	15-02-0001
			DO NOT USE				
			b2				

SERVICE HISTORY

FISCAL RECORD

EFFECTIVE DATE	ACTION	BASE PAY	DO NOT USE	REMARKS	YEAR	CURRENT YEAR SALARY DEDUCTIONS	ACCUMULATIVE TOTAL SALARY DEDUCTIONS	REMARKS
(1)	(2)	(3)		(4)	(5)	(6)	(7)	(8)
10/1/73	Prom, 10/27/73	25,500			1972	Bal. Fwd. 19,224.32		
					1973	1,970.96	18,935.38	
11-11-73	WGI	26,189			1974	1,970.82	30,806.10	includes back pay
PST (Executive Order 11811 approved 10-7-74 effective 10-15-74)		27,632			1975	148.74	30,954.84	includes back pay
-5-75	P193-350 Prom pay	Inc. (25%)			1976	2,414.16	25,713.44	75% net. deduct 1
		31,161.26	GS 13/9		1977	2,697.36	28,410.80	began 1-5-75
PST (Executive Order 11883 approved 10-5-75 effective 10-12-75)		32,724	13/9					
PST (Executive Order 11811 approved 10-1-76)		34,669						
11-7-76	WGI	35,479	13/10					
PST (Executive Order 12010 approved 9/28/77 effective 10/9/77)		37,979.50						

LAST NAME FIRST NAME MIDDLE NAME
 ROLNIER, WILLIAM F., JR.

SEX DATE OF BIRTH
 M 6 16 26

AGENCY PAY ROLL OFFICE LOCATION
 JUSTICE JBL W.C.C.

1. b2
 2.
 3.
 4. (PERSONS WITH NAME CHANGES—ENTER DATE PREVIOUSLY RECORDED NAME)

SERVICE HISTORY

FISCAL RECORD

EXECUTIVE DATE (1)	ACTION (2)	BASE PAY (3)	REMARKS (4)	YEAR (5)	CALENDAR YEAR SALARY DEDUCTIONS (6)	ACCUMULATIVE TOTAL SALARY DEDUCTIONS (7)	DO NOT USE (8)	REMARKS (9)
BSI (PL 88-428) approved 8/14/64	Director 7/8/64	13,335	GE 13	1963	BSI, A.C.C. 1,000.00	6700.64		
5-9-65	Qualify	13,755		1964	FORWARD 882.34	7,582.98		
BSI (PL 88-301) approved 10/29/65	Director 10/10/65	14,250		1965	BSI, A.C.C. 1,000.00	8,582.98		
11-21-65	MIL	14,585	Director 7/3/66	1966	BSI, A.C.C. 1,000.00	9,582.98		
BSI (PL 89-504) approved 7/13/67	Director 7/3/66	15,113		1967	BSI, A.C.C. 1,000.00	10,582.98		
11-19-67	MGT	15,561		1970	BSI, A.C.C. 1,000.00	11,582.98		
10/8 to 11/19/67	pd.	\$15,757		1971	BSI, A.C.C. 1,000.00	12,582.98		
Step 30-206 approved 12/16/67	Effective 10/8/67	\$16,207		1972	BSI, A.C.C. 1,000.00	13,582.98		
BSI (Executive Order 11413) approved 6/11/68	effective 7/16/69	17,289						
BSI (1)	Director 11/4/74	18,974						
BSI (1)	Director 7/13/90	20,114						
BSI (1)	Director 4/18/70	20,673						
11-15-70	MGT	21,905						
BSI (1)	Director 11/5/75	23,112						
1/8/71	effective 1/10/71	24,299						
1-9-72	EO 11637	25,299						
XXXXX BSI (EO 11691)	21,299							

3/25m

LAST NAME		FIRST NAME		MIDDLE NAME		SEX	DATE OF BIRTH			AGENCY	PAY ROLL OFFICE	LOCATION
ROEMER		WILLIAM		P JR		M	MONTH	DAY	YEAR	JUSTICE	FBI	Agent
							6	16	1926			
							NO					

SERVICE HISTORY

FISCAL RECORD

EFFECTIVE DATE	ACTION	GRADE PAY	REMARKS	YEAR	CALENDAR YEAR SALARY DEDUCTIONS	ACCUMULATIVE TOTAL SALARY DEDUCTIONS	DO NOT USE	REMARKS
9-25-50	Exc. Appt.	\$5000.	GS 10 Agent					U. S. Post Office So. Bend, Indiana 12/42
9-30-51	Per Step Inc.	\$5255.625	GS 10	1951	344.11	322.43		
7-8-51 to 9-30-51		5500	GS 10					Indiana 12/42
9-28-52	Per Step Inc	5625	GS 10	1952	344.21	1062.72		
4-12-53	Per Step Inc	5750	GS 10	1953	349.76	1412.48		
10-10-54	Per Step Inc	5940	GS 11	1954	359.82	1772.30		
BSI approved June 28, 1955, same grade		6110 **	GS 11	1955	440.11	2212.41		
4-8-56	Retrospective to 8-18-55	6605	GS 11	1956	493.50	2705.91		
5-6-56	Per Step Inc.	6820.	GS 11	1957	567.62	3273.53		
11-3-57	Promotion	7570	GS 12	1958	631.67	3905.20		
BSI approved 11/27/58	Per Step Inc	7785	GS 12	1959	692.75	4597.95		
5/3/59	Per Step Inc.	8570*	GS 12	1960	715.17	5313.12		
5/29/60	Promotion	88810	GS 13	1961	774.13	6087.25		
BSI								
11-26-61	Per Step Inc	\$10,635	GS 13					
BSI approved 10/14/62		\$11,880**						
11-25-62	SSI	\$11,880	GS 13					
11-24-63	SSI	\$12,245	GS 13					
10/11/63		12,880						

L. awarded 1/5/61

3/5m

July 2, 1980

Office of Workers' Compensation Programs
United States Department of Labor

**450 Golden Gate Avenue
Box 36022
San Francisco, California 94102**

Your File No.
Date of Injury

William F. Roemer, Jr.

(Name)

(Retired, February 29, 1980)

Gentlemen:

- ☐ Reference is made to your letter dated _____
- ☒ Enclosed are compensation forms and/or other information (indicated below), relative to injuries or diseases incurred by the above-named employees of this Bureau.

☐ CA-1

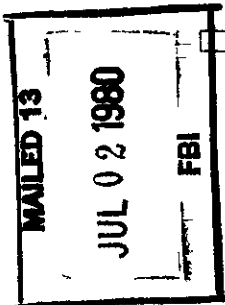
☒ CA-2

☒ CA-4

☐

☐

- ☐ The desired information is being obtained and will be furnished to your agency within the near future.
- ☐ The following information is enclosed:



Director
Federal Bureau of Investigation

Enc. (2)

**1 - Mr. William F. Roemer, Jr.
3001 Camino Camelia
Tucson, Arizona 85705
(Enclosures)**

JGC
(4)

42

67-NOT RECORDED
5 JUL 3 1980

MAIL ROOM ☒

FBI/DOJ

OFFICIAL SUPERIOR'S REPORT OF OCCUPATIONAL DISEASE

22. Department or Agency <i>Department of Justice</i>		23. Bureau or Office <i>Federal Bureau of Investigation</i>									
24. Name and Address of Reporting Office (No., street, city, state, ZIP code) <i>FBI Tucson, Arizona</i>		25. Name of Supervisor When Employee Contracted Disease or Illness <i>NA</i>									
26. Employee's Regular Day Begins <input checked="" type="checkbox"/> AM <i>8:15</i> Ends <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM <i>5:00</i>		27. Number of Hours Worked Per Day <i>8.5</i>	28. Number of Days Worked Per Week <i>5</i>								
29. Date Employee First Obtained Medical Care for Disease or Illness (Mo., day, year) <i>See attached statement</i>		30. Name and Address of Physician First Providing Medical Care <i>See Attached</i>									
31. Do Medical Reports Show Employee is Disabled for Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>NA</i>		32. Date Employee First Reported Condition to Supervisor (Mo., day, year) <i>NA</i>									
33. Date and Hour Employee Stopped Work (Mo., day, year) <i>Retired 2-29-80</i> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		34. Date and Hour Employee's Pay Stopped (Mo., day, year) <i>Retired 2-29-80</i> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM									
35. Date Employee was Last Exposed to Conditions Alleged to Have Caused Disease or Illness (Mo., day, year) <i>11-13-79</i>		36. Did Employee Work in the Position a Full Eleven Months Prior to Stopping Work Due to the Disease or Illness? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
37. If Answer to Item 36 is No, would the Position Have Provided Employment for a Full Eleven Months, Except for the Disease or Illness? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		38. Total Length of Employee's Federal Civilian Service (Years and months) <i>29 yrs 4 mos</i>									
39. Pay Rate at the Time Employee Stopped Work <i>\$38,186</i>		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">a. Base Pay</td> <td style="width:25%;">b. Subsistence</td> <td style="width:25%;">c. Quarters</td> <td style="width:25%;">d. Other</td> </tr> <tr> <td><i>\$42,876</i></td> <td></td> <td></td> <td></td> </tr> </table>		a. Base Pay	b. Subsistence	c. Quarters	d. Other	<i>\$42,876</i>			
a. Base Pay	b. Subsistence	c. Quarters	d. Other								
<i>\$42,876</i>											
40. If Employee Received Additional Pay, i.e. Premium, Sunday, Night Differential, Identify and Show Amount Type: <i>premium</i> \$ <i>4,690</i> Per <i>annum</i>		41. Circle Days Worked Per Week When Pay Stopped, If Other Than Monday Through Friday. <div style="display: flex; justify-content: space-around; align-items: center;"> S M T W T F S </div>									
41. Deductions <i>NA</i> A. Was employee enrolled on date pay stopped? B. If Yes, furnish code number. C. If Yes, give month, day, year, through which deductions were made.		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Health Benefits</td> <td style="width:50%;">Optional Life Insurance</td> </tr> <tr> <td><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td><div style="border: 1px solid black; width: 100px; height: 20px;"></div></td> <td><div style="border: 1px solid black; width: 100px; height: 20px;"></div></td> </tr> <tr> <td>()</td> <td>()</td> </tr> </table>		Health Benefits	Optional Life Insurance	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	()	()
Health Benefits	Optional Life Insurance										
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										
<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>										
()	()										
43. Date and Hour Employee Returned to Work (Mo., day, year) <i>Retired 2-29-80</i> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		44. Pay Rate at Time Employee Returned to Work <i>Retired 2-29-80</i> \$ Per									
45. Work Week on Return to Work if Other Than Monday Through Friday <div style="display: flex; justify-content: space-around; align-items: center;"> S M T W T F S </div>		46. If Employee Has Returned to Work and Work Assignment has Changed, Describe New Duties. <i>Retired 2-29-80</i>									
47. I certify that the information given above and that furnished by the employee on the reverse of this form is true to the best of my knowledge with the following exceptions. <div style="text-align: right;">b6</div>											
48. Signature of Supervisor		49. Title and Office Phone Number									
50. Date (Mo., day, year) <i>7-2-80</i>											

PLEASE DO NOT MUTILATE THIS MATERIAL IN ANY WAY

ROEMER, WILLIAM F., JR.

Name

Material sent to

☒ OWCP ☐ File

7-2-80

Date

JGC

ENCLOSURE

3-518 (Rev. 12-30-74)

FBI/DOJ

WILLIAM F. ROEMER, JR.

3001 CAMINO CAMELIA
TUCSON, ARIZONA 85705

June 5, 1980

To Whom It May Concern:

In 1954, after having commenced employment as an FBI agent in 1950, I first noticed that I developed a hearing loss and the onset of a condition later to be diagnosed as tinnitus. I believe this to have been caused by continuous firearms practice, started in 1945 in the U.S. Marine Corps and continued throughout by career in the FBI until March, 1980. It will be recalled that until about 1970 no thought was given to the use of ear plugs while at firearms and no other precautionary devices were used or suggested. It is the practice of the FBI to have day long firearms practice once a month during the spring, summer and fall months and shorter practice during the winter months inside. Use of the pistol, shotgun and rifle is required. This practice was required of me from the day I entered the FBI, when qualification with the use of all the above weapons was required after a two week or so intensive period of training. In other words for almost 30 years, from Sept. 1950 until March, 1980.

I first noticed both conditions in the spring of 1954 in New York, N.Y. It gradually worsened until today when it is very noticable. I first required treatment in September, 1954 from Dr. Earl McRoberts, 55 E. Washington, Chicago, Ill. Dr. Roberts has long been deceased. I again required treatment in Chicago from a physican in the Garland Bldg., but after a long attempt to recall his name I cannot do so. This would have been in approximately 1970. Each physican prescribed pills, the nature of which I do not know and which were discontinued after they did no good.

Each year of my service with the FBI I was given a complete physical examination. This included a hearing exam. I do not now have access to those examinations although I am sure they are available to the government. It will be seen on each of the exams for the last 25 years or so that a hearing loss is described, gradually worse each year.

U.S. DEPARTMENT OF LABOR EMPLOYMENT STANDARDS ADMINISTRATION Office of Workers' Compensation Programs		CLAIM FOR COMPENSATION ON ACCOUNT OF OCCUPATIONAL DISEASE																															
1 NAME (Last, First, Middle) ROEMER; WILLIAM F. JR.		2 HOME MAILING ADDRESS (Number, Street, State, and Zip Code) 3001 CAMINO CAMELIA TUCSON, ARIZONA 85705																															
3 DATE YOU FIRST BECAME AWARE OF DISEASE OR ILLNESS (Mo, Day, Year) 1954		4 IF YOU LOST PAY SHOW PERIOD COMPENSATION IS CLAIMED (Mo, Day, Year) FROM _____ TO _____																															
5 SHOW AMOUNT OF ALL WAGES RECEIVED FROM ANY SOURCE DURING PERIOD SHOWN IN ITEM 4 ALSO GIVE EMPLOYER'S NAME AND ADDRESS IF OTHER THAN FEDERAL GOVERNMENT NONE																																	
6 WERE YOU EVER IN THE ARMED FORCES OF THE UNITED STATES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, FURNISH →		A SERVICE NUMBER USMC 1019426	B NAME AND ADDRESS OF OFFICE WHERE CLAIM IS FILED C PERIOD OF SERVICE FROM _____ THROUGH _____																														
7 HAVE YOU EVER APPLIED FOR OR RECEIVED BENEFITS FROM THE VA BASED ON SERVICE IN THE ARMED FORCES OF THE UNITED STATES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, FURNISH →		A CLAIM NO B VA ADDRESS WHERE CLAIM IS FILED C NATURE OF DISABILITY AND MONTHLY PAYMENT \$ _____																															
8 HAVE YOU APPLIED FOR OR RECEIVED AN ANNUITY UNDER THE U.S. CIVIL SERVICE OR OTHER FEDERAL RETIREMENT OR DISABILITY LAW? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, FURNISH →		A CLAIM NO B DATE ANNUITY BEGAN (Mo, Day, year) 3-1-80	C AMOUNT OF MONTHLY PAYMENT \$ 1748																														
9 DATE YOU FIRST REALIZED THE DISEASE WAS CAUSED OR AGGRAVATED BY YOUR EMPLOYMENT (Mo, Day, Year) EXPLAIN WHY YOU CAME TO THIS REALIZATION 1954. FIRST DEVELOPED HEARING LOSS & TINNITUS																																	
10 LIST YOUR DEPENDENTS (If none so state) <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">NAME</th> <th style="width: 15%;">RELATIONSHIP</th> <th style="width: 15%;">DATE OF BIRTH</th> <th style="width: 15%;">IS DEPENDENT LIVING WITH YOU?</th> <th style="width: 25%;">IF NOT, SHOW MAILING ADDRESS</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				NAME	RELATIONSHIP	DATE OF BIRTH	IS DEPENDENT LIVING WITH YOU?	IF NOT, SHOW MAILING ADDRESS																									
NAME	RELATIONSHIP	DATE OF BIRTH	IS DEPENDENT LIVING WITH YOU?	IF NOT, SHOW MAILING ADDRESS																													
11 SHOW AMOUNT PAID EACH MONTH FOR SUPPORT OF DEPENDENTS NOT LIVING WITH YOU \$ _____ State whether payments were ordered by a court, and if so, attach a copy of the court order																																	
I certify that the disease or illness described above was a result of my employment with the United States Government and that it was not caused by my willful misconduct, intent to injure myself or another person, nor by my intoxication. I hereby claim medical treatment, if needed, and other benefits provided by the Federal Employees' Compensation Act.																																	
12 YOUR SIGNATURE OR SIGNATURE OF PERSON ACTING FOR YOU Wm F Roemer Jr.			DATE (Mo, Day, Year) 6-5-80																														

b6

STATEMENT OF OFFICIAL SUPERIOR

13 NAME AND MAILING ADDRESS OF REPORTING OFFICE (Name, Number, Street, City, State, Zip Code) FBI, Washington, D.C. 20535		14 DATE & HOUR PAY STOPPED (Mo., Day, Year) <input type="checkbox"/> AM <input type="checkbox"/> PM NA									
15 PAY RATE AT TIME EMPLOYEE STOPPED WORK AMOUNT \$ <u>38,196</u> PER ANNUM	BASE PAY \$ <u>42,876</u> PER ANNUM \$ PER \$ PER	SUBSISTENCE \$ PER \$ PER \$ PER	QUARTERS \$ PER \$ PER \$ PER								
16 IF EMPLOYEE RECEIVES OTHER ADDITIONAL PAY, SUCH AS PREMIUM, SUNDAY, OR NIGHT DIFFERENTIAL IDENTIFY TYPE AND SHOW AMOUNT TYPE <u>Premium</u> \$ <u>4,670</u> PER ANNUM		17 SHOW WORKWEEK AT TIME PAY STOPPED IF OTHER THAN MONDAY THROUGH FRIDAY S M T W T F S									
18 SHOW INCLUSIVE DATES EMPLOYEE RECEIVED PAY FOR ANY PART OF THE PERIOD SHOWN IN 4 ON THE FRONT OF THIS FORM ANNUAL LEAVE FROM <u>NA</u> TO <u>NA</u> SICK LEAVE FROM <u>NA</u> TO <u>NA</u> OTHER FROM <u>NA</u> TO <u>NA</u>											
19 DID THE EMPLOYEE WORK IN THE POSITION A FULL ELEVEN MONTHS PRIOR TO STOPPING WORK DUE TO THE ILLNESS OR DISEASE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		20 IF ANSWER TO 19 IS NO, WOULD THE POSITION HAVE AFFORDED EMPLOYMENT FOR ELEVEN MONTHS EXCEPT FOR THE DISEASE OR ILLNESS? <input type="checkbox"/> YES <input type="checkbox"/> NO									
21 DEDUCTIONS <div style="text-align: center; font-size: 1.2em; margin: 10px 0;">Retired 2-29-80</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>A WAS EMPLOYEE ENROLLED ON DATE PAY STOPPED? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>B IF YES, FURNISH CODE NUMBER</p> <p>C IF YES, GIVE MONTH, DAY, YEAR, THROUGH WHICH DEDUCTIONS WERE MADE () ()</p> </div> <div style="width: 45%;"> <p>HEALTH BENEFITS <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>OPTIONAL LIFE INSURANCE <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO</p> </div> </div>											
22 (CHECK ONE) <div style="text-align: center; font-size: 1.2em; margin: 10px 0;">Retired 2-29-80</div> <p><input type="checkbox"/> EMPLOYEE HAS NOT RETURNED TO WORK</p> <p><input type="checkbox"/> EMPLOYEE HAS RETURNED TO WORK (if this box is checked complete items 23 through 26)</p>											
23 DATE AND HOUR RETURNED TO WORK (Mo., Day, Year) <div style="text-align: center; font-size: 1.2em; margin: 10px 0;">Retired 2-29-80</div> <div style="display: flex; justify-content: flex-end;"> <input type="checkbox"/> AM <input type="checkbox"/> PM </div>		24 SHOW EMPLOYEE'S WORKWEEK ON RETURN TO DUTY IF OTHER THAN MONDAY THROUGH FRIDAY S M T W T F S									
25 SHOW EMPLOYEE'S RATE OF PAY ON RETURN TO DUTY <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">BASE PAY</td> <td style="width: 25%; text-align: center;">SUBSISTENCE</td> <td style="width: 25%; text-align: center;">QUARTERS</td> <td style="width: 25%; text-align: center;">OTHER</td> </tr> <tr> <td style="border-bottom: 1px solid black;">\$ PER</td> <td style="border-bottom: 1px solid black;">\$ PER</td> <td style="border-bottom: 1px solid black;">\$ PER</td> <td style="border-bottom: 1px solid black;">\$ PER</td> </tr> </table>		BASE PAY	SUBSISTENCE	QUARTERS	OTHER	\$ PER	\$ PER	\$ PER	\$ PER	<div style="text-align: center; font-size: 1.2em; margin: 10px 0;">Retired 2-29-80</div>	
BASE PAY	SUBSISTENCE	QUARTERS	OTHER								
\$ PER	\$ PER	\$ PER	\$ PER								
26 DID THE RESULTS OF THE DISABILITY REQUIRE A CHANGE IN THE EMPLOYEE'S WORK ASSIGNMENT ON RETURN TO DUTY? <div style="text-align: center; font-size: 1.2em; margin: 10px 0;">NA</div> <input type="checkbox"/> YES <input type="checkbox"/> NO (if yes, complete A)		A DESCRIBE TYPE OF WORK EMPLOYEE IS NOW PERFORMING <div style="text-align: center; font-size: 1.2em; margin: 10px 0;">NA</div>									
27 I HEREBY CERTIFY THAT THE INFORMATION GIVEN ABOVE AND FURNISHED BY THE EMPLOYEE ON THE REVERSE OF THIS FORM IS TRUE TO THE BEST OF MY KNOWLEDGE WITH THE FOLLOWING EXCEPTIONS <div style="text-align: center; font-size: 1.2em; margin: 10px 0;">NA</div>											
28 SIGNATURE OF OFFICIAL SUPERIOR (Last, First) <div style="border: 1px solid black; height: 30px; width: 100%;"></div>		30. DATE (Mo., Day, Year) b6 7-2-80									

FOR PERSONNEL FILE OF:

ROEMER, WILLIAM F., JR.

(OUT OF SERVICE)

U. S. DEPARTMENT OF LABOR
EMPLOYMENT STANDARDS ADMINISTRATION
OFFICE OF WORKERS' COMPENSATION PROGRAMS

450 GOLDEN GATE AVE-BOX 36066
ROOM 10421
SAN FRANCISCO CA 94102

OFFICIAL BUSINESS
Penalty for Private Use \$300



POSTAGE AND FEES PAID
U S DEPARTMENT OF LABOR
LAB 441

US DEPARTMENT OF JUSTICE
FED BUREAU OF INVESTIGATION
ATTN: SUP OF PHYSICAL EXAM
9TH ST & PENNSYLVANIA AVE NW
WASHINGTON DC 20535

CASE NO: A13- 616823
INJURY DATE: 01/01/54
EMPLOYEE: W F ROEMER
Form CA-801 Aug 1979

*William F Jr
(out of Service)*

*No Action Nec
7-30-80
392*

Ego

NOT RECORDED
2 AUG 5 1980

U.S. DEPARTMENT OF LABOR

EMPLOYMENT STANDARDS ADMINISTRATION

Office of Workers' Compensation Programs

San Francisco

July 30, 1980

File No. A13 0616823

Date of Injury 1/1/54

Employee William Roemer



b6

Dept of Justice
Fed Bureau of Investigation
Attn: Sup of Physical Exam
9th St & Pennsylvania Ave NW
Washington, D.C. 20535

Roemer, William

We have received notice from the above-named alleging that the employee has sustained hearing loss due to exposure to hazardous noise at your establishment. To make a determination in the case, we need the information below as noted by check mark.

- ☒ 1. A detailed and chronological description of the type of work performed by the employee and his/her exposure to hazardous noise at your establishment.
- a Locations or job sites where exposed,
 - b Decibel level of noise with copy of noise survey report covering each location where the employee worked; and
 - c Period of exposure, hours per day, days per week
- ☒ 2 Copy of employee's job sheet, and employment record.
- ☒ 3 Copies of all prior medical examinations pertaining to hearing or ear problems, to include audiograms, if such tests were made.
- ☒ 4 Does your agency have an established policy or procedure for notifying employees when an audiogram discloses a hearing loss? If so, and such policy or procedure is in writing, send us a copy. If not in writing, state how the employee is notified and what the notice consists of.
- ☒ 5. If ear defenders were ever issued this employee, advise
- a When and by whom they were issued, and
 - b. The information given the employee by this person as to why they were issued.
- ☒ 6. Was this employee ever notified of the hearing loss by anyone at your agency and that it was possibly employment related? If so, submit substantiating documentation showing what the employee was told, by whom, and the date such information was provided
- ☒ 7 If employee has been removed from hazardous noise area, give date of last exposure and the pay rate in effect on that date.

☐ 8

Prompt submission of the above information will be appreciated.

ENCLOSURE

67-447328-169
2 AUG 28 1980

ENCLOSURE

cc: William Roemer
3001 Camino Camelia
Tucson, AZ 85705

Include your address, ZIP code, and file number on all correspondence

Ltr CA-1081

Rev June 1975

U S DEPARTMENT OF LABOR
EMPLOYMENT STANDARDS ADMINISTRATION
Office of Workers' Compensation Programs

Washington D C 20211

July 30, 1980

File No A13 0616823



William Roemer
3001 Camino Camelia
Tucson, AZ 85705

We have received your claim alleging hearing loss due to exposure to hazardous noise at your place of employment. It will be necessary for you to answer the questions checked below before a determination can be made in your case. You may write your answers in the space provided or on a separate sheet of paper.

☒ 1. Describe your job duties, including job titles and locations. Be specific, include shop, building and floor numbers and length of time at each location.

☒ 2. For each location where you worked, describe the noise you were exposed to and the average number of hours exposed per day.

☒ 3. Why do you believe your hearing loss was caused by your work?

☒ 4. Give the date and circumstances of your last exposure to work-related noise that you considered harmful.

✓ cc: Dept of Justice
Fed Bureau of Investigation
Attn: Sup of Physical Exam
9th St & Pennsylvania Ave, NW
Washington, D.C. 20535

Ltr. CA-1082
Rev. July 1977

ENCLOSURE

Include your address, ZIP code, and file number on all correspondence

67-447328-169

☒ 5. Please describe problems you have had with your ears before now (ringing in ears, earaches, running ears, ear surgery, etc.) When did these problems occur?

☒ 6. Did you ever receive medical treatment for any ear problem? If so, give the name of the doctor, the date of treatment and submit a copy of all available medical reports.

☒ 7. When did your employer give you ear defenders (plugs, muffs)? Who issued them to you?

☒ 8. Why did you think your employer was issuing you ear defenders?

☒ 9. What were you told when ear defenders were issued?

☐ 10. A current medical report must be submitted from a physician of your choice in compliance with the requirements set forth on the attached form.

☐ 11.

When all the information has been received and studied you will be advised of the action taken.



b6

Enclosure

August 22, 1980



Office of Workers' Compensation Programs
United States Department of Labor

450 Golden Gate Avenue, Box 36022
San Francisco, California 94102

Your File No. **A13-0616823**
Date of Injury **Unknown**

William F. Roemer, Jr.
(Name)

b6

Dear

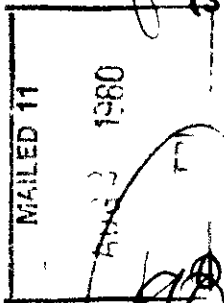


- ☒ Reference is made to your letter dated July 30, 1980
- ☐ Enclosed are compensation forms and/or other information (indicated below), relative to injuries or diseases incurred by the above-named employees of this Bureau.
- ☐ CA-1 ☐ ☐ ☐ ☐
- ☒ The desired information is being obtained and will be furnished to your agency within the near future.
- ☐ The following information is enclosed

Director
Federal Bureau of Investigation

Enc. (0)

JGC/ss
(3)



MAILED 11
SEP 2 1980
9 SEP 2 1980

MAIL ROOM ☒

P.E. ROOM

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME ROEMER, WILLIAM FRANCIS JR.		REGISTER NO.	
CIV. FBI	AGE 45	SEX M	(Check one) <input type="checkbox"/> BEDSIDE WHEELCHAIR OR STRETCHER <input type="checkbox"/> BED PATIENT <input checked="" type="checkbox"/> AMBULATORY
REPEAT HT. 6' 1" WT. 190		EXAMINATION REQUESTED CHEST	

(Above space for mechanical imprinting, if used)

PERTINENT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS AND PROVISIONAL DIAGNOSIS

18 Aug 71 by 42 O on results of 8 24 71 -

FILM NO 14649-71	DATE OF REQUEST 8-24-71	REQUESTED BY
----------------------------	-----------------------------------	--------------

14649-71 8-24-71/bc

CHEST: The previous study of 7-23-71 demonstrated a 1.0 cm. nodular density in the left mid-lung. This was in the 6th intercostal space. This density is again noted on the present study. It is superimposed upon the posterior aspect of the left 6th rib. It has not changed in size or configuration. It does not appear to contain any calcium. On the lateral projection, the hilar regions appear somewhat prominent.

DATE OF REPORT

SIGNATURE (Specify location of laboratory if not part of requesting facility)

(over)

Standard Form 519-A (Rev. Aug 1964)
Prescribed by Bureau of the Budget
Circular A-39 (Rev.)
RADIOGRAPHIC REPORT
519-307

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

Roemer, William Francis Jr.

Civilian

FBI

Ht. 73"

Wt. 190 lbs.

AGE 45	SEX M	(Check one) <input type="checkbox"/> BEDSIDE WHEELCHAIR OR STRETCHER <input type="checkbox"/> BED PATIENT <input checked="" type="checkbox"/> AMBULATORY
------------------	-----------------	---

EXAMINATION REQUESTED
Tomography: left mid-lung; & left hilar region.

(Above space for mechanical imprinting, if used)

PERTINENT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS AND PROVISIONAL DIAGNOSIS

As suggested by Dr. J.A. Olack LCDR MC USNR on chest results of 27 August 71, #14649-71.

FILM NO 14649	DATE OF REQUEST 30 August 71	REQUESTED BY
-------------------------	--	--------------

14649-71 9-2-71/mr

TOMOGRAMS, LEFT LUNG: Multiple tomographic cuts were taken through the left mid lung region, and several cuts delineated a small 6.0 mms. in diameter well-defined round nodule in the posterior mid lung field. There is no evidence of calcification or cavitation. A recheck of the chest films in 1969 shows the lesion to be present at that time. /the 1968 chest film, however, no lesion can be seen.

OCT 1971

DATE OF REPORT

B.W. KRONZER LCDR MC USNR

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

SIGNATURE (Specify location of laboratory if not part of requesting facility)

Standard Form 519-A (Rev. Aug 1964)
Prescribed by Bureau of the Budget
Circular A-39 (Rev.)
RADIOGRAPHIC REPORT
519-307

**Attachment to Standard Form 88, Report of Medical Examination
For Information and Guidance of Medical Examiner**

Name of Examinee
(Type or print)

ROEMER, W. F.
Last First Middle

The following portions of the attached examination report form need not be completed:

2
3
4
9
11
14
17

62
63
64
65
66
67
72
76

NOT RECORDED
67 - NOT RECORDED

46. Is necessary unless facilities for affording same are not readily available.
48. Not required unless examinee is over 35 years of age or examination indicates such is desirable.
49. Is necessary unless facilities for affording same are not readily available.
71. Audiometer examinations should be afforded whenever possible.

For All Examinees, Whether Clerical or Special Agent Applicants or Employees:

The medical examiner should answer the following question:

Examinee ☐ is ☐ is not qualified for strenuous physical exertion.

To be Answered in the Case of All Male Employees and Male Applicants:

1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

☐ No ☐ Yes If "yes" please specify defects. _____

2. Does examinee have any defects prohibiting safe operation of motor vehicles?

☐ No ☐ Yes If "yes" please specify defects. _____

If examinee has defective vision, should he wear corrective glasses while operating a motor vehicle? ☐ Yes ☐ No

OCT 22 1960



Desirable Weight Ranges for Males

Height	Small Frame	Medium Frame	Large Frame
5' 4"	117 - 125	123 - 135	131 - 148
5' 5"	120 - 129	126 - 139	134 - 152
5' 6"	124 - 133	130 - 143	138 - 157
5' 7"	128 - 137	134 - 148	143 - 162
5' 8"	132 - 141	138 - 152	147 - 166
5' 9"	136 - 146	142 - 156	151 - 170
5' 10"	140 - 150	146 - 161	155 - 175
5' 11"	144 - 154	150 - 166	160 - 180
6'	148 - 158	154 - 171	164 - 185
6' 1"	152 - 163	158 - 176	169 - 190
6' 2"	156 - 167	163 - 181	174 - 195
6' 3"	160 - 171	168 - 186	178 - 200
6' 4"	169 - 180	178 - 196	188 - 210
6' 5"	174 - 185	182 - 202	192 - 216

3. Examinee's frame is ☐ small ☐ medium ☒ large
4. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight ☒ Satisfactory ☐ Excessive ☐ Deficient
5. Under proper medical supervision, examinee should ☐ lose _____ pounds
☐ gain _____ pounds

Remarks. 6'1" - 190 lbs
8/3/60 ASAC

 (Signature of Medical Examiner)

 (Date)

Office Memorandum • UNITED STATES GOVERNMENT

TO : SAC

FROM : SA WILLIAM F. ROEMER, JR.

SUBJECT: TESTIFYING EXPERIENCE

DATE: May 13, 1955

This is to advise that the only testifying experience of the writer has been in U. S. Commissioner's hearings (approximately 20 times) about which 3 were with the defense council present; also many times in moot court in law school. However, I have never testified in court.

WFR/gls
(1)

REMOVED FROM FILE
1
D

SEARCHED.....	INDEXED.....
SERIALIZED.....	FILED.....
MAY 13 1955	
FBI — CHICAGO	

[Handwritten signature]

OCT 2 1980

105

62-13598-14

Duplicate Property Record

(This record is to be kept up-to-date)

Property returned
2/28/80 to

Tucson, Arizona

Name ROEMER, WILLIAM F., JR.Bureau Badge with case No. 3719 ✓ ✓ ✓

Ret 2-28-80

Commission Card with case No. 5823 ✓ ✓ ✓

Sent to FBI Hq

FBI Handbook No. 5718 ✓ ✓ ✓

Ret 2-28-80

Agent's Brief Case 1 ✓

Returned to Bureau 3/22/79

MAY 6 1968

JEC

GTR's No. A3-860-713-720 ✓C-0, 224, 931 thru 940

Returned 2-28-80

FBI Identification Card No. C-0, 224, 932/940

C-0, 224, 932/940

Credential Card (Non-Agent) No. Sent to

U S Government Operator's

RECEIVED

Identification Card No. 67 - NOT RECORDED

67 - NOT RECORDED

Firearms:

Colt Official Police Revolver No. 648365 ✓ ✓ ✓

Returned 2-28-80

Hip Holster and adapter for above X ✓

Returned 2-28-80

S & W Military & Police Revolver No. Handcuffs 113072Hip Holster and adapter for above Sent to

Returned 2/28/80

Authority Granted to Carry Personally Owned Firearms as Listed Below:

Date of Approval	Date Bureau Advised	Description	Approving SAC
11/9/60	11/9/60	M-37 (Indicate make, type, caliber, and serial number)	Chicago
5-28-71	5-28-71	847 Airweight, 2" barrel, .38 SN 142856	Moore
10/1	10/1	above reapproved disposed of 7-24-79	met
10/1	10/1	880	880

VERIFICATIONS

Date	Name of Official	Office
MAY 14 1965	M.W. Johnson ^{VL}	CHICAGO
5/8/67	M.W. Johnson ^{VL}	Chicago
6/29/67		CH. Insp
3/6/68		Inspection
2/20/69		Inspector
4-15-69		Chicago
2-13-70		Inspector.
2/25/71	Wm. F. Deane	Ins.
4/20/71		Chicago
3/9/72		Ins.
6/27/73		Ins.
6-12-74		Ins.
11/6/75		Ins.
5/23/77		Chicago
5/15/78		Chicago
8-10-79		Ins.
2/29/80		Chicago

b6

ARIZONA DEPARTMENT OF PUBLIC SAFETY

2310 NORTH 20th AVENUE

P O BOX 6638

PHOENIX ARIZONA 85005

(602) 262 8011



09 December 1980

BRUCE BABBITT
GOVERNOR

RALPH T. MILSTEAD
DIRECTOR

FEDERAL BUREAU OF INVESTIGATION
Hoover Bldg
Washington, D.C. 20535

ATTN: PERSONNEL SECTION

RE: ROEMER, WILLIAM FRANCIS (JR.)
DOB: 06-16-26

b2
b6

Dear Personnel:

The above-named person has applied for licensing with the Arizona Department of Public Safety, Private Investigator, Security Guard and Polygraph Examiner Licensing Section, and has given you as a XX former employer/ personal reference.

Please complete the questionnaire appearing on the reverse of this letter, regarding this applicant's personal characteristics, work habits, etc., and return to the Arizona Department of Public Safety as soon as possible.

Be advised that a copy of this applicant's authorization and release concerning the furnishing of such information to the Arizona Department of Public Safety is on file with this office. Information provided by you will be handled in a confidential manner.

Thank you for your cooperation.

Sincerely,

67-447328 -170	
Searched.....	Numbered.....97
DEC 19 1980	

REC-141

PLEASE VERIFY ANY INVESTIGATIVE EXPERIENCE...

1st PVIEW
12-19-80
JAG

Please fill in the following where applicable

EMPLOYER:

EMPLOYMENT LISTED AS

TO

POSITION

PERIOD EMPLOYED

TO

SALARY

REASON FOR LEAVING

WOULD YOU RE-HIRE?

IF NOT, WHY?

EMPLOYER AND REFERENCE

PLACE AN X IN THE BOX WHICH MOST NEARLY APPLIES TO THE APPLICANT

	Excel	Good	Poor	Unk		Excel	Good	Poor	Unk
HONESTY/INTEGRITY					DEPENDABILITY				
EMOTIONAL STABILITY					WORK HABITS				
PERSONAL HABITS					ABILITY TO EXPRESS				
NEATNESS					IDEAS IN WRITING				
MORAL CHARACTER					ABILITY TO EXPRESS				
LOYALTY					IDEAS VERBALLY				
PERSONALITY					HEALTH (Sick Leave)				

ARE YOU RELATED TO THE APPLICANT?

IF SO, IN WHAT WAY?

DO YOU HAVE ANY REASON TO DOUBT APPLICANT'S LOYALTY TO THE UNITED STATES?

IF SO, WHY?

PLEASE LIST A RESPONSIBLE ADULT (OTHER THAN A RELATIVE OF THE APPLICANT) WHO HAS KNOWN THIS APPLICANT FOR AT LEAST ONE YEAR

NAME

AGE

PHONE

ADDRESS

CITY

STATE

LIST ANY COMMENTS OR ADDITIONAL INFORMATION THAT MAY BE BENEFICIAL TO US BELOW OR ON ADDITIONAL PAPER

WOULD YOU RECOMMEND THIS APPLICANT FOR A POSITION AS A

IF NOT, STATE WHY

YOUR NAME

TELEPHONE

ADDRESS

SIGNATURE

December 18, 1980

Arizona
Department of Public Safety-
Licensing Unit
P. O. Box 6638
Phoenix, Arizona 85005

Gentlemen:

Receipt is acknowledged of your inquiry which was received in this Bureau December 15, 1980, regarding the former employment in the Federal Bureau of Investigation of Mr. William Francis Roemer, Jr.

Dates Employed: As a Special Agent from
September 25, 1950, to
February 29, 1980

Duties Performed: Investigative duties

Reason for Leaving: Retired

His services were satisfactory and nothing was known which would reflect unfavorably on his character or integrity during the period of his employment with this Bureau.

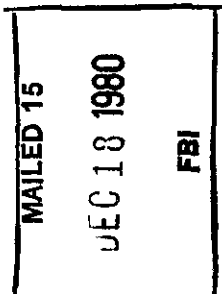
Sincerely yours,

/s/



b6

eag
eag*(3)67-447328



Exec AD Inv _____
Exec AD Adm _____
Exec AD LES _____
Asst Dir _____
Adm Servs _____
Crim Inv _____
Ident _____
Intell _____
Laboratory _____
Legal Coun _____
Plan & Insp _____
Rec Mgnt _____
Tech Servs _____
Training _____
Public Affs Off _____
Telephone Rm _____
Director's Sec'y _____

67-NOT RECORDED-2

DEC 18 1980

9 JAN 2 1981

February 9, 1981

Office of Workers' Compensation Programs
 United States Department of Labor
450 Golden Gate Avenue, Box 36022
San Francisco, California 94102

Your File No. **A13-0616823**
 Date of Injury **Unknown**

b6

William F. Roemer, Jr.
 (Name)

Dear [REDACTED]

- ☒ Reference is made to your letter dated **July 30, 1980**
- ☐ Enclosed are compensation forms and/or other information (indicated below), relative to injuries or diseases incurred by the above-named employees of this Bureau.

☐ CA-1 ☐ ☐ ☐ ☐

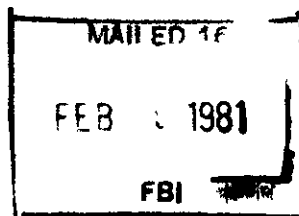
☐ The desired information is being obtained and will be furnished to your agency within the near future.

☒ The following information is enclosed **Enclosed is the information requested by referenced letter.**

Director
 Federal Bureau of Investigation

Enc. (23) 4 - ENCLOSURE

1 - Mr. William F. Roemer, Jr.
 3001 Camino Camelia
 Tucson, Arizona 85705
 (Enclosures - 4)



JGC/ss
 (4)
 46

10

MAIL ROOM ☒

PLEASE DO NOT MUTILATE THIS MATERIAL IN ANY WAY

Roemer, William F., Jr.

Name

Material sent to

☒ OWCP ☐ File

2-9-81

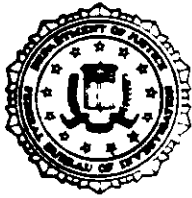
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ENCLOSURE

FBI/DOJ



UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

WASHINGTON, D C 20535

February 6, 1981

To Whom It May Concern:

Re: William F. Roemer, Jr.
File #A13-0616823

Set forth herein are answers to questions 4, 5, 6, and 7 as requested by the Office of Workers' Compensation Programs (OWCP) per Letter CA-1081 (Rev. June, 1975) dated July 30, 1980.

4. Special Agents of the Federal Bureau of Investigation (FBI) receive triennial government physical examinations up to age 33 and annually thereafter. Since 1962, audiometer tests have been a part of the physical examinations when necessary equipment has been available. Frequently, when audiometer tests show hearing losses, the losses are noted by the examining physician. Special Agents are required to initial the physical examination papers thus constituting an FBI procedure for notifying a Special Agent when he has a hearing loss.

5. On the following indicated dates all Special Agents in Charge were advised in writing of the respective instructions which, they were to impart to Special Agents assigned to their office:

May 4, 1954

TRAINING - FIREARMS -- The Bureau desires again to call to the attention of all investigative personnel the necessity of taking precautions to prevent injuries causing impairment of hearing while engaged in firearms training. SACs shall require that all Agents engaging in firearms training use cotton or ear plugs in the ears to prevent injury caused by gun blast. This applies not only to the Agents actually firing but also to those who may be coaching, observing, or otherwise in close proximity to the shooter. These instructions apply to both indoor and outdoor firearms training and to demonstration given by firearms instructors.



Re: William F. Roemer, Jr.
File #A13-0616823

August 20, 1957

TRAINING - FIREARMS - PROTECTION OF HEARING -- The Bureau desires again to emphasize existing instructions concerning the use of cotton, ear plugs or other protective devices during the course of firearms training. The primary purpose of using such protection is to break the initial shock of the gun blast and prevent it from causing injury which could result in hearing impairment. Advice has been received as regards the use of cotton that it is more effective if it is dampened slightly. The type of protective measure used will be left to the choice of the individual but some such precaution must be used at all times during firearms training not only by the shooter but by coaches, observers, instructors or other individuals in the near vicinity of the shooting.

June 17, 1958

PROTECTION AGAINST HEARING LOSS FROM FIREARMS TRAINING -- A study has been conducted to see if additional protection against hearing loss can be afforded during firearms training. This study was occasioned by the increased number of hearing loss claims being submitted by Agents who based such claims on excessive noise to which they were exposed during firearms training. Studies to date reflect that dry cotton in the ear canals affords insufficient protection. You should immediately make a supply of cotton and Vaseline available so that cotton impregnated with Vaseline may be used during all firearms training periods. By placing Vaseline on the cotton prior to inserting it in the ear canal a much greater degree of protection is afforded against possible hearing damage. You should insure that all Agents are advised of the availability of the Vaseline and cotton and all participating Agents make use of them.

September 10, 1965

FIREARMS TRAINING - EARMUFFS -- Every field office has been supplied with earmuffs for the use of the firearms instructors in conducting training for your office and in police firearms training schools. These ear protectors are not to be placed on your nonexpendable inventory but each SAC will be held accountable for their proper availability and use. Special Agents receiving firearms training will continue to use cotton impregnated with petroleum jelly while on the firing line.

June 11, 1974

MANDATORY USE OF PROTECTIVE HEADSETS DURING FIREARMS TRAINING -- Effective immediately, the use of protective headsets for all Special Agents during firearms training is mandatory. Each Special Agent in Charge

Re: William F. Roemer, Jr.
File #A13-0616823

is to insure these protective hearing devices are being used and that a sufficient number are available in his respective field office. If needed, additional protective headsets should be requisitioned through the Training Division.

6. By letter dated July 5, 1973, the SAC of our Chicago Office was advised that after reviewing Mr. Roemer's 1973 physical examination report an additional hearing loss was noted. He was instructed to insure that Mr. Roemer used ear protectors while on the firearms range and to have him submit a signed statement to that effect. A copy of his statement is attached to the copy of the 1973 physical examination report.

7. The last date that Mr. Roemer participated in firearms training prior to his retirement was on November 13, 1979. At that time his salary was at the rate of \$38,186 with \$4,690 premium pay per annum.

Oliver B. Revell
Assistant Director
Administrative Services Division



UNITED STATES DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF INVESTIGATION

WASHINGTON D C 20535

September 17, 1980

To Whom It May Concern

Mr. William Francis Roemer, Jr. entered on duty in the Federal Bureau of Investigation September 25, 1950, as a Special Agent, Grade GS 10, \$5000 per annum. Following a period of training, he performed investigative duties and was assigned to our Baltimore, New Haven, New York, Chicago, and Phoenix Offices. He voluntarily retired February 29, 1980, in view of Section 8336(C) 5 USC of the Civil Service Retirement Act. At that time he was receiving salary at the rate of \$38,186 per annum in Grade GS 13.

As an occupant of the position of Special Agent, he was charged with the duty of investigating violations of the laws of the United States, collecting evidence in cases in which the United States is or may be a party in interest and performed other duties imposed by law. In discharging these duties, it is essential that a Special Agent be physically qualified for strenuous duties including the required hearing standards. Special Agents participate in raids, arrests, and the use of firearms, which are among the important duties of such position.

10/9/80

TO WHOM IT MAY CONCERN

RE: William F. Roemer, Jr.

Information has been requested concerning the exposure of former Special Agent Roemer to the noise of firearms. He was appointed as a Special Agent on 9/25/50 and retired 2/29/80.

Roemer attended New Agents' Training during the period 9/25/50 to 11/9/50, and during that period he fired the .38-caliber revolver, .45-caliber Thompson Submachine Gun, 12-gauge shotgun, .30-caliber rifle, and the Federal Gas Gun. He fired approximately 850 rounds of ammunition during the above training period.


From 11/10/50 to 2/29/80, firearms training was afforded to Roemer and he fired approximately 22,000 rounds of ammunition of various types during that period.

Roemer attended In-Service in 1952, 1955, 1959, 1963, and 1968. During this training he fired approximately 1800 rounds of ammunition of various calibers.

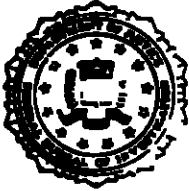
Mandatory firearms training for Special Agents occur eight times annually. Four of these sessions are normally held outdoors during the summer months and the remaining four sessions held indoors during the winter months. Actual firing on the range consists of approximately five hours per session outdoors and one hour per session indoors. A typical number of rounds fired during an outdoor training session would be approximately 200, while approximately 60 rounds would be typical for the indoor sessions. In view of the above, annual exposure to the noise of firing on the range, per Agent, would approximate twenty-four hours. ,.

It is to be noted that in 1965 every field office was equipped with ear guards for use of the firearms instructors, and all Special Agents were instructed to continue to use cotton impregnated with petroleum jelly while on the firing line.

On 6/11/74, the use of ear guards (headsets) for Special Agents was made mandatory during firearms training.


James D. McKenzie
Assistant Director

ENCLOSURE



UNITED STATES DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF INVESTIGATION

WASHINGTON, D. C. 20535

TO WHOM IT MAY CONCERN:

RE: NOISE LEVEL TESTS OF FBI
FIREARMS RANGES CONDUCTED
BY THE FBI LABORATORY AT
QUANTICO, VIRGINIA AND
WASHINGTON, D. C.

Because available guidelines to estimate the hearing damage risk associated with impulse noise, such as gunfire, differ from the Maximum Recommended Noise Exposure regulations promulgated under authority of the Occupational Safety and Health Act of 1970 (Federal Register 36 (105), 10518 (May 29, 1971) definitions of measurements made as well as some detail regarding measurement conditions and equipment used are set out with the results of these measurements

GENERAL BASIS AND DEFINITIONS
FOR MEASUREMENTS CONDUCTED

The tests conducted are based on available literature relating to hearing damage risk associated with impulse noise, such as gunfire, defined as brief noises lasting less than one second. Measurements have been made of two parameters (Peak Pressure Level and B-Duration) of the single impulse from various weapons with various ammunitions under typical and average circumstances.

These two parameters can be related to proposed damage-risk criterion for impulse noise (gunfire), Report of Working Group 57, NAS-NRC Committee on Hearing, Bioacoustics, and Biomedics (CHABA), W. C. Ward et al (July, 1968) also reported by the National Bureau of Standards in "Fundamentals of Noise: Measurement, Rating Schemes and Standards" published by U. S. Government Printing Office Publication NTID 300.15 for the U. S. Environmental Protection Agency (12-31-71). These two parameters are defined as follows:

1. The Peak Pressure Level (P) is the highest instantaneous pressure level (in decibels, Re. $2.0 \times 10^{-5} \text{ N/M}^2$) reached at any time by the impulses, measured at the position of the ear but away from the individual.
2. The Pressure-Envelope Duration or B-Duration is the total time that the envelope of the pressure fluctuations, both positive and negative, are within 20 db of the peak pressure level. Included in this time is the duration of that part of any reflection pattern that is within 20 db of the peak level.



MEASUREMENT TEST CONDITIONS
AND MEASUREMENT EQUIPMENT

OUTDOOR RANGE

Measurements were conducted on the outdoor range of the FBI Academy at Quantico, Virginia, in an open field over grass. Measuring microphones were located in an orientation and at a distance from various weapons to approximate the location of the shooter's nearest ear. Weapons were fired with the shooter removing himself as far as possible from the field of the measuring microphone. Results for each weapon and type of ammunition are the average of several individual firings. Peak Pressure Levels (P) and B-Duration were measured from calibrated photographs of oscilloscope traces, and were checked against simultaneous impulse precision sound level meter measurements.

Equipment used to make these measurements includes Bruel and Kjaer (B&K) Impulse Precision Sound Level Meters type 2209, type 4136 1/4" condenser microphone associated preamplifiers and power supplies and Tektronix Model 564 Oscilloscope with C30 camera. Calibration was done with a B & K type 4220 Pistonphone.

It is felt these measurements represent typical and average sound levels and durations which would occur at the shooters' ears without ear protection for the weapons and ammunitions measured.

RESULTS OF MEASUREMENTS

Outdoor Range

The following measurement results are set out by type of weapon and ammunition and are the average of a number of firings of each. The two measurements given are P (Peak Pressure Level in decibels (db) and B (B-Duration in milliseconds):

1. Weapon: 38 caliber Smith and Wesson Special Revolver with 4-inch barrel
 - (a) Ammunition - 148 grain target load
P - 156 db B - 1.8 msec
 - (b) Ammunition - 158 grain service load
P - 157.7 db B - 1.9 msec
2. Weapon: 38 caliber Smith and Wesson Special Revolver with 2-inch barrel
 - (a) Ammunition - 148 grain target load
P - 159.2 db B - 1.6 msec

3. Weapon: Model 870 Remington Shotgun

- (a) Ammunition - Skeet load
P - 160.8 db B - 2.9 msec
- (b) Ammunition - 00 buck shot
P - 160.3 db B - 3.6 msec
- (c) Ammunition - rifle slug maximum load
P - 159.5 db B - 6.3 msec

4. Weapon: .308 Remington Carbine Rifle with 150 grain ammunition

- (a) Open area over grass
P - 159.6 db B - 2.8 msec
- (b) On Rifle Deck
P - 158.3 db B - 5.4 msec

MEASUREMENT TEST CONDITIONS

INDOOR RANGE

Measurements were conducted on the indoor range at FBI Headquarters located in the basement of the Justice Department Building, Washington, D. C. Measurement microphones were located in an orientation and at a distance from the gun to approximate the location of the shooter's nearest ear. The gun was fired at one of the center shooter positions with the shooter removing himself as far as possible from the field of the measuring microphones and with the protective plexiglass screens closed behind the shooter. Results for each type of ammunition are the average of several individual firings. Peak Pressure Levels (P) and B-Durations were measured from calibrated photographs of oscilloscope traces and were checked against simultaneous impulse precision sound level measurements.

RESULTS OF MEASUREMENTS

Indoor Range

The following measurement results are for a 38 caliber Smith and Wesson Special Revolver with 4-inch barrel and are felt to represent typical and average sound levels and durations which would occur at the shooter's ears without ear protection on the indoor range. The two measurements given are P (Peak Pressure Level) and B (B-duration in milliseconds):

- 1. Ammunition: 148 grain target load
P - 154.4 db B - 23.7 msec
- 2. Ammunition: 158 grain service load
P - 156.9 db B - 23 msec

U.S. Department of Labor

Employment Standards Administration
Office of Workers Compensation Programs
450 Golden Gate Avenue P O Box 36066
San Francisco CA 94102



June 3, 1981

File Number

A13 616823

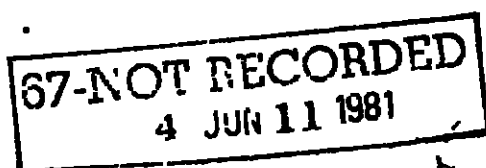
William F. Roemer, Jr.
3001 Camino Camelia
Tucson, AZ 85705

Dear Mr. Roemer:

This Office has completed adjudication of your claim for compensation for hearing loss causally related to exposure to hazardous noise in the performance of duty in your Federal employment. It has been determined that you were so exposed and have sustained a permanent partial hearing loss bilaterally as a result. In determining the extent of hearing loss the Office of Workers' Compensation Programs (OWCP) applies the standards of the National Institute for Occupational Safety and Health (NIOSH), U.S. Department of Health and Human Services, as defined in its 1972 publication, Occupational Exposure to Noise. These standards require the measurement of hearing acuity at 1,000, 2,000, and 3,000 cycles per second (ISO-ANSI calibration). Pursuant to the policy of this Office, the decibel readings at these levels are averaged monaurally and the first 25 decibels of loss are excluded as falling within the range of normal conversational volume. Only hearing loss in excess of the first 25 decibels of the loss at the indicated frequencies after averaging is compensable.

It has been determined that your hearing loss bilaterally is not of this extent. You therefore have no entitlement to compensation for permanent partial loss of hearing at this time under the provisions of Section 8107 of the Federal Employees' Compensation Act (Title 5 United States Code, Section 8107).

If you disagree with this decision, and have new evidence which you believe is pertinent, you may at any time ask OWCP for reconsideration. No special form is required, but the request must be in writing and state clearly the grounds upon which reconsideration is requested. Also, the request must be accompanied by evidence not previously submitted, such as medical reports, affidavits, or statements. The request for reconsideration, with the required new evidence, should be directed to this District Office.

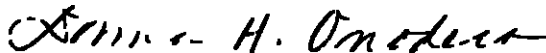


11-11-81
6-10-81
R

If your injury occurred on or after July 4, 1966, you may, within 30 days after date of this decision, ask for a hearing before an OWCP representative. The hearing will be informal and will be held at a convenient location. You may be represented at the hearing by any person authorized by you in writing. The request for hearing should be addressed to the Director, Office of Workers' Compensation Programs (OWCP) Washington, D C. 20210.

If you believe that all available evidence has been submitted, you have the right to appeal to the Employees' Compensation Appeals Board for review of the decision. A request for review by the Appeals Board should be made within 90 days from the date of this decision and should be addressed to the U.S. Department of Labor, Employees' Compensation Appeals Board, Washington, D.C. 20210. For good cause shown the Appeals Board may waive the failure to file within 90 days if application is made within one year from the date of this decision.

Sincerely,



DONNA H. ONODERA
Assistant Deputy Commissioner

cc: Department of Justice
FBI, Attn: Supv of Phy Exams
9th St. & Pennsylvania Ave , N.W.
Washington, D C. 20535

ROEMER, WILLIAM F. JR.

b2

AMENDED

(PLEASE TYPE OR PRINT ALL INFORMATION)

1 NAME **ROEMER, WILLIAM F., JR.**

LAST

FIRST

MIDDLE

2 OFFICE OF ASSIGNMENT **PHOENIX**

3 LATEST FBI EOD DATE **9/25/50**

(PLEASE TYPE OR PRINT ALL INFORMATION)

TOTAL FEDERAL SERVICE

(CHECK ONE FOR ITEM 1)

LESS
THAN
3 YRS
X

3 YRS BUT
LESS THAN
10 YRS
X

10 YRS
OR
OVER
X

DATE YOU WILL REACH NEXT CATEGORY
6 MONTH 24 DAY 52 YEAR

4 PREVIOUS CIVILIAN
GOVERNMENT SERVICE
(GIVE COMPLETE NAME OF AGENCY AND BRANCH)

DATE EOD

DATE SEPARATED

TOTAL LENGTH OF SERVICE
WITH EACH AGENCY

YEARS

MONTHS

DAYS

U. S. Post Office 12/42 39 hours = 5 days

TOTALS

ITEMS 5, 7, 9, 10 AND 11

5 TOTAL LENGTH OF PREVIOUS CIVILIAN GOVERNMENT SERVICE

(ADD ALL TIME LISTED UNDER ITEM 4 DIVIDE TOTAL DAY BY 24 TO GET TOTAL MONTHS BY 12 GIVE TOTAL IN EXACT YEARS, MONTHS AND DAYS SERVED)

YEARS

MONTHS

DAYS

5

6 MILITARY SERVICE

(INDICATE BRANCH - ARMY NAVY
MARINE CORPS COAST & AIR
FORCE E - NO - MILITARY
SERVICE WITH JONAS N. H. SPALAN)

DATE ENTERED ON
ACTIVE DUTY

DATE DISCHARGED

TOTAL ACTIVE DUTY WITH
MILITARY (EACH BRANCH)

YEARS

MONTHS

DAYS

U.S.M.C.

7/12/45

10/7/46

1

2

26

1

2

26

7 TOTAL MILITARY SERVICE

(ADD ALL TIME LISTED UNDER ITEM 6 DIVIDE TOTAL DAY BY 24 TO GET TOTAL MONTHS BY 12 GIVE TOTAL IN EXACT YEARS, MONTHS AND DAYS SERVED)

(OVER)

STATEMENT OF FEDERAL SERVICE

OMB 32 861

FEDERAL BUREAU OF INVESTIGATION

17 1986

3/jlw

NP

Sgt. AD-Adm.
Sgt. AD-Inv.
Sgt. AD-LBS
Asst. Dir.:
Adm. Serv.
Crim.
Ident.
Insp.
Lt.
Off. Liaison
Rec. Mgmt.
Tech. Serv.
Training
Off. of Cong. & Public Affairs
Telephone Rm.
Director's Sec'y
Miss Gandy

100-4-1307

Testimony a couple years later, and as of December, 1977, 144-1188 William J. Bremer, Jr.
3-16-87 NB 44

of those families.

It's a small point, hardly worth bringing to your attention. Your point that there was a time in the not too distant past when the Bureau had no knowledge of the existence of organized crime is certainly well taken. I guess it's because I am proud of the role I played in the salad days of the Top Hoodlum Program (and the Criminal Intelligence Program and the Organized Crime Program) in honor of my colleagues, some of the best of whom are no longer with us, that I bring it to your attention. For this exercise in ego, I apologize.

Parenthetically, the thing that does bother me in this area is the often repeated canard by liberals that J. Edgar Hoover was dragged kicking and screaming into the fight against organized crime by the Kennedy's in 1961. Obviously the FBI under Hoover was well into the investigation of OC in 1958 and by 1961 we in Chicago had already penetrated with installations in the general headquarters of the mob, in the command post of Giancana (the Armory Lounge) and the political headquarters of the mob (the Regular Democratic Headquarters of the First ward) so that by the time the Kennedys came in in 1961 we were well entrenched in that battle.

Loving the Bureau as I do, let me say that I have nothing but pride, great pride, in the job you and your colleagues are currently doing, especially in the investigation of organized crime. I would like to think that those of us who pioneered in that area had some small part in preparing those fields for the outstanding harvests the Bureau is realizing today. Please keep up the great work!

Fraternally,



William F. Moemer, Jr.

EO 1 7/25/50
Ret 2/29/52

P.S. My best to Buck Revell and to John Otto under whom I worked briefly.

As an afterthought I am enclosing the brochure I use in my current business for whatever interest it may be back there and for your files.



Roemer Enterprises

**TUCSON, ARIZONA
(602) 743-0092**

67-447328-171

WILLIAM F. ROEMER, JR.
- President -

Special Agent Federal Bureau of Investigation for 30 years

Doctor of Jurisprudence degree from Notre Dame

Admitted as Attorney and Counsellor, United States Supreme Court

Former U.S Marine Corps and Notre Dame boxing champion still addicted to vigorous physical exercise

. . . .

Since retired from FBI self employed as Investigative Consultant defending national magazines and newspapers in ten states against libel suits totaling 700 million dollars

Licensed, bonded and incorporated in Arizona as private investigator

Fully competitive rates. Completely flexible to tailor services to clients



Pertinent Comments Concerning the Background and Abilities of William F. Roemer, Jr.

"Roemer was, until he "retired", the nemesis of Chicago organized crime. This famous "former" FBI agent (or, as J. Edgar Hoover put it, "There is no such thing as an ex-FBI agent") dogged the footsteps of Sam Giancana, John Cerone and (other leaders of organized crime in Chicago) for years - round the clock in a tireless effort." From a motion filed by Cerone, the top leader of organized crime in Chicago, in the Circuit Court of Cook County, Illinois in June, 1981.

"The star of the show was former FBI agent William F. Roemer, Jr." From the *Organized Crime Digest*, Washington, D.C. in its March, 1983 edition, commenting on hearings of the U.S. Senate Subcommittee on Permanent Investigations which heard testimony from numerous organized crime experts.

"Roemer is an internationally known organized crime consultant with law enforcement agencies and the media who is uniquely qualified to discuss mob leadership not only because of his 24 years investigating organized crime with the FBI but because of his private work since he left the FBI six years ago." The Chicago Crime Commission in its October, 1985 issue of "Searchlight."

"No one knows more about the Outfit than former special agent William Roemer who spent twenty-three years fighting organized crime in Chicago for the FBI. At 6 feet 2 inches and weighing 220 pounds he is a formidable man. Even in retirement he keeps in peak condition. Nothing less is expected from a heavyweight boxing champion of the University of Notre Dame and the U.S. Marine Corps but "Zip" Roemer adds up to far more than All American muscle. As a lawyer he helped plan the FBI's strategy against criminals who had not been bothered since Al

Capone " From the book "Crime, Inc., The History of Organized Crime" by Martin Short, Thames-Metheun, London, 1984

"The FBI's greatest success was in its ability to install microphones in the headquarters of The La Cosa Nostra and in its ability to develop informants inside the mob. Bill Roemer was generally responsible for both and he was unusually adept at it." From the book "The Don", by William Brashler, Harper and Row, 1977.

"William Roemer is a very persistent man who knew how to needle Sam (Giancana, former boss of the LCN in Chicago) and seemed to spend his every waking hour keeping tabs on him " From the book "Mafia Princess" by Antoinette Giancana and Thomas Renner, Morrow, 1984

"I thank you for your testimony You are certainly an excellent witness and a courageous one I thank you for being here." Senator Warren Rudman, March 4, 1983 following testimony of William F Roemer, Jr before the U S Senate Permanent Subcommittee on Investigations

"Two special agents, Ralph Hill and William Roemer, were especially imaginative and enterprising." After depicting how Hill and Roemer installed microphones in the headquarters of organized crime in Chicago: "It was to be the biggest, most reliable source of information on the Chicago syndicate anywhere at any time " From the book, "The Plot to Kill the President, The Definitive Story of how Organized Crime Assassinated JFK." By G Robert Blakey and Richard N. Billings, Times Books, 1981

"(Seymour) Shainswit (New York attorney) has assembled an imposing team of investigators to root out his side of the case This small army includes the likes of retired FBI agent William Roemer, whose work as a Mafia expert is legendary " From an article by Ken Miller, page one, Reno Gazette-Journal as reprinted in the Las Vegas Sun April 30, 1985 entitled "Laxalt vs Bee: Clash of the Titans " (Actually the article erred in that Roemer works for the defense team representing The Bee)

"I have known Roemer since 1958 when the FBI first became engaged in the battle against organized crime and I would be hard pressed to point out anybody as knowledgeable about organized crime in this country as him " Sandy Smith, Senior Correspondent, Time Magazine, 1986

"Hardly any of us who have worked on the Mafia, even for many decades, have had the experiences of Roemer, not only while he was in the FBI in New York and Chicago, but in his private investigations since " Ralph Salerno, former Supervisor of Detectives, Intelligence Unit, New York Police Department and currently a consultant on organized crime to scores of congressional committees, state legislatures and law enforcement agencies throughout the United States, 1986

"I have worked with Roemer while he was with the FBI in Arizona and after he opened his private investigative agency focusing on organized crime investigations and I know of no more capable and knowledgeable investigator Not only does he know his subject but he has the contacts all over the country, not only in law enforcement, but inside the mob, to do the most complex investigation In one particular legal case we needed witnesses knowledgeable about organized crime all over the country, but particularly in New York City Roemer was able to line up the very best, some twenty of them." Michael D Hawkins, former United States Attorney, District of Arizona and now a partner in Sacks, Tierney and Kasen, Phoenix, 1986.

"We have hired Bill Roemer as an attorney/investigator to handle the most complicated investigation in one of the largest libel actions in the history of American jurisprudence and we are satisfied we have the best." Gary Pruitt, General Counsel, McClatchy Publications, Sacramento, California, 1986.

"Bill Roemer was a member of our defense team in the LaCosta-Penthouse suit. His sources in Las Vegas and Chicago, in particular, were most helpful " Geoffrey L Thomas, Paul Hastings Janofsky and Walker, Los Angeles, 1986

"I first worked with Bill Roemer in 1958, when I was Chief of the U.S Attorney General's midwest office on organized crime and I was prosecuting Tony Accardo, then the leader of organized crime in Chicago In the following years as I served as Sheriff of Cook County, President of the Board of Commissioners and Governor of Illinois, my respect and admiration for Roemer was such that I offered him several major positions in my administrations In my opinion he is currently the top man in his field of organized crime investigations in the United States " Richard B Oglvie; Isham , Lincoln and Beale, Chicago, 1986.

“Former FBI agent William F. Roemer, Jr., a nationally recognized organized crime expert who had been assigned to investigate all top crime syndicate bosses when he worked in the Chicago FBI Office, was called by the Cook County states attorney’s office in its search for leads (in a 1985 gangland slaying in Chicago) and requested to contact his mob informants ” From an article in the Chicago Sun Times, page one, February 17, 1985 by Art Petacque

“I worked with Bill Roemer for decades while I was Director of the Intelligence Unit and Deputy Superintendent of the Chicago Police Department and he was an FBI agent. I know of no one more conversant with all aspects of organized crime and the members thereof than Bill Roemer.” William J. Duffy, Captain, Chicago Police Department, 1986.

“Bill was my partner for about 15 years in the FBI. I know of no law enforcement officer I respect as much. I have also worked with him as a private investigator and I know of no one who can do as much for a client, Roemer is the greatest.” John R. Bassett, former Deputy Associate Director of the FBI and in 1986 a private investigator in Panama City, Florida.

“I am indebted to the indefatigable FBI agent William Roemer who pursued (Murray) Humphreys (the subject of the book) long and knew him well, his interpretation of Humphreys’ gangster career was invaluable.” (Roemer was a paid consultant to the author) From “The Prince of Crime” by John Morgan, Stein and Day, 1985.

“Bill Roemer is a hero. A man of honor. He’s the man the Mafia fears the most A fighter, a man of principle, the American.” From the story line of the movie “Roemer” to be produced by Robert Greenwald, Inc , MGM/UA, Culver City, California as a three hour television movie.

NOW AVAILABLE

To attorneys for investigations all matters under litigation

To employers for background investigation of employees and prospective employees; other matters

To individuals for confidential investigations

To newspapers and other publications for first amendment investigations; other

To public and private agencies for consultation; especially on organized crime
. . . .

Other organization members:

Robert W. Roemer, BBA, Notre Dame '73

William F. Roemer III, sports director two TV Stations, Tucson, for six years

Former FBI agents and other ex-law enforcement officers as needed
. . . .

Complete cooperation world wide from hundreds of fellow members of Society of Former FBI Agents

Will travel nationwide as necessary

Complete line of business insurance through Robert W. Roemer, Insurance Agent, Tucson (Pacific Mutual)

March 16, 1987

Mr. William F. Roemer, Jr.
Roemer Enterprises
3001 Camino Camelia
Tucson, Arizona 85745

Dear Mr. Roemer:

I have received your letter of February 20th, and enclosure, and appreciate your thoughtfulness in writing.

I want to thank you for providing a brief history of your experiences with organized crime investigations prior to 1960. Certainly you and your former colleagues can take great pride in the vital role you played in the early stages of the Bureau's involvement in organized crime investigations. I appreciate your sharing this information with me and I also want you to know how much your support and generous comments mean to me. I hope the Bureau's future efforts will continue to merit your approval.

Sincerely yours,

William H. Webster
William H. Webster
Director

- 1 - Phoenix - Enclosure
1 - 67-447328 (William F. Roemer, Jr.) - Enclosure

NOTE: Correspondent is a former SA who EOD 9-25-50 and retired 2-29-80. He claims he read an article by the Director in the current issue of "Organized Crime Digest" and wanted to advise the Director that the Bureau was involved in organized crime investigations prior to 1960. Correspondence Unit was unable to locate a copy of the "Organized Crime Digest" and could not identify the article in question.

NB:cft (4)

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Training _____
Telephone Rm _____
Director's Sec'y _____

APPROVED:

Director _____
Exec AD Inv _____
Exec AD LES _____

Exec AD LES _____

Ad. Serv. _____

Legal Coun. _____

MAIL ROOM ☐

R

ROEMER ENTERPRISES

② 3001 CAMINO CAMELIA
③ TUCSON AZ 85745-1688
(602) 743-0092

January 21, 1988

Assistant Director
Records Division
FBI
J. Edgar Hoover Bldg.
9th and Pennsylvania
Washington, D.C.

Dear Sir:

This is to request copies of all the employment agreements I signed while I was an FBI agent from 1950 to 1980. My credentials number was 5823. I was born on June 16, 1926 [redacted]

[redacted] I was an agent in Baltimore, New Haven, New York, Chicago and the Tucson RA of the Phoenix Division.

I would appreciate your expeditious handling of this request.

Thank you for your consideration. Please extend my regards to Buck Revell and John Otto.

Sincerely,

William F. Roemer, Jr.
D.S.R. William F. Roemer, Jr.

P.S. Not to be confused with ex-agent [redacted]

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67-447328-171
6 MAR 1 1988

[Handwritten signature]

127 67-447328 I

1-29-88

1-24-88

1-24-88

0
 WILLIAM F. BROWN JR
 1001 11th St NW
 NW Washington DC 20004

FEB 5 1988

Request No _____

Dear Requester

- ☒ This acknowledges your recent Freedom of Information-Privacy Acts (FOIPA) request submitted to the FBI
- ☐ Based on the limited information you provided, we cannot make an accurate search of our records. Please furnish your complete name, alias, date and place of birth, prior addresses, employments, and any specific data that would permit us to locate the documents you seek
- ☐ Please submit your notarized signature. This procedure is designed to insure that documents, if located, are released only to an individual having right of access to the information
- ☐ If you want a search of our Identification Division records for any arrest record that might pertain to you, please comply with the enclosed instructions set forth in Attorney General Order 558-73. Fingerprint impressions are needed for comparison with records in the Identification Division to insure that an individual's record is not disseminated to an unauthorized person
- ☐ We are currently searching the indices to our central records system files at FBI Headquarters for any documents which may pertain to your request. Upon completion of this search you will be notified of the results
- ☐ Provide the complete name, date and place of birth for the subject of your request. If subject is deceased, give date of death and any proof of death you have

Your request has been assigned the number indicated above. Please use this number in all correspondence with us

Sincerely yours,

Emil P. Mochelle
 Chief

Freedom of Information-
 Privacy Acts Section
 Records Management Division

☐ Enclosure

Computer printout (2)

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 4 APR 18 1988

MAIL ROOM ☒

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6 MAR 1 1988	



U.S. Department of Justice

Federal Bureau of Investigation

Washington D C 20535

0
Mr. William F. Roemer, Jr.
3001 Camino Camelia
Tucson, Arizona 85745

MAR 24 1988

FOIPA No. 293,930

Dear Mr. Roemer:

Reference is made to your letter dated January 21, 1988, and to your request for copies of all employment agreements executed during your tenure as an FBI Special Agent. Enclosed are copies of four documents responsive to your request that are being released to you in their entirety.

No fees are assessed for the first 100 pages of duplication or if the search and duplication costs for the remaining pages do not exceed \$8. Therefore, the enclosed seven pages are being forwarded to you at no charge.

Sincerely yours,

Emil P. Moschella, Chief
Freedom of Information-
Privacy Acts Section
Records Management Division

Enclosure

~~ENC~~ mvw (4)

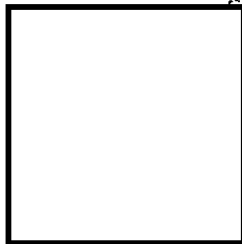
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Tech. Servs.	
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Off. Liaison	
Telephone Rm.	
Director's Sec'y	

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 11/11/01 BY 60322



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Bicentennial of the United States Constitution (1787-1987)

39
5 APR 15 1988

MAIL ROOM



67-447328-172

COURE

(Place) INDIANA POLIS, INDIANA

(Date) JUN 10, 1950

Director
Federal Bureau of Investigation
United States Department of Justice
Washington, D. C.

Dear Sir:

Having filed an application for a position as Special Agent in the Federal Bureau of Investigation, United States Department of Justice, I hereby agree that in the event of an appointment I will be governed by the following conditions:

1. Upon appointment and within ten days after receipt thereof, I shall be required to proceed at my own expense to Washington, D. C., where I will take the oath of office and enter on duty.
2. That said appointment will be on a probationary basis.
3. That my retention in the Bureau shall be dependent upon the performance of satisfactory services, and if my services are deemed unsatisfactory it is understood that my employment may be discontinued at any time and that I will not receive transportation to my home, or to any other point, at Government expense.
4. That if appointed I may be sent to any part of the continental or territorial United States that the exigencies of the Bureau's work may require; that my headquarters may be fixed in some jurisdiction other than that in which I have heretofore resided; that my headquarters may be changed as the work of the Bureau may require; and that no transfer will be made from one station to another for personal reasons.
5. That the confidential character of the relations of the employees of the Federal Bureau of Investigation with the public is fully understood by me, and that the strictly confidential character of any and all information secured by me, in connection directly or indirectly with my work as a Special Agent, or the work of other employees of which I may become cognizant, is fully understood by me, and that neither during my tenure of service with the Federal Bureau of Investigation nor at any other time will I violate this confidence, and I agree that I will not divulge any information of any kind or character whatsoever that may become known to me, to persons not officially entitled thereto.

I further agree that nothing connected with this certification is to be construed by me as an assurance that an appointment will be tendered me; that I fully understand all of the foregoing and that the conditions specified herein are agreeable to me; that if appointed I will abide by the foregoing conditions, and I am fully cognizant that the provisions mentioned above are to be complied with and they are to be regarded as a part of my appointment if it is subsequently tendered to me and accepted.

Subscribed and sworn to before me this

Very truly yours,

____ day of _____, A.D. 19

Notary Public

2 SEP 19 1950
William F. Roemer, Jr.
15

CC-74

APPOINTMENT AFFIDAVITS

IMPORTANT.—Before swearing to these appointment affidavits, you should read and understand the attached information for appointee

DEPARTMENT OF JUSTICE FBI WASHINGTON, D.C.
(Department or agency) (Bureau or division) (Place of employment)

I, William F. Roemer, Jr., do solemnly swear (or affirm) that—

A. OATH OF OFFICE

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely without any mental reservation or purpose of evasion; that I will well and faithfully discharge the duties of the office on which I am about to enter, SO HELP ME GOD.

B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

I am not a Communist or Fascist. I do not advocate nor am I a member of any organization that advocates the overthrow of the Government of the United States by force or violence or other unconstitutional means or seeking by force or violence to deny other persons their rights under the Constitution of the United States. I do further swear (or affirm) I will not so advocate, nor will I become a member of such organization during the period that I am an employee of the Federal Government.

C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

I am not engaged in any strike against the Government of the United States and that I will not so engage while an employee of the Government of the United States; that I am not a member of an organization of Government employees that asserts the right to strike against the Government of the United States, and that I will not, while a Government employee, become a member of such an organization.

D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

I have not paid, or offered or promised to pay, any money or other thing of value to any person, firm or corporation for the use of influence to procure my appointment.

E. AFFIDAVIT AS TO DECLARATION OF APPOINTEE

The answers contained in my Application for Federal Employment, Form No. _____, dated _____, 19____, filed with the above-named department or agency, which I have reviewed, are true and correct as of this date with the exceptions noted in the Declaration of Appointee on the reverse of this form. (If no exceptions, write "None" on the Declaration of Appointee.)

EOD - 9/25/50

William F. Roemer, Jr.
(Signature of appointee)

Subscribed and sworn before me this 25th day of September, 1950
at Washington D.C.
(City)

[SEAL]

Vicen E. [Signature]
UNDER SECRETARY OF
THE ACT OF JUNE 26, 1949
(Title)

NOTE.—If the oath is taken before a Notary Public the date of expiration of his commission should be shown.

DECLARATION OF APPOINTEE

This form is to be completed before entrance on duty. Question 3 is to be answered in all cases, otherwise answer only those questions which require an answer different from that given to the corresponding questions on your application form. If no answers are different, write "NONE" in Item 10, below. Any false statement in this declaration will be grounds for cancellation of application or dismissal after appointment. Impersonation is a criminal offense and will be prosecuted accordingly.

1. PRESENT ADDRESS (street and number, city and State)

131, WASHINGTON, D.C.

2. (A) DATE OF BIRTH

6/16/26

(B) PLACE OF BIRTH (city or town and State or country)

SOUTH BEND, IND.

b6

4. DOES THE UNITED STATES GOVERNMENT EMPLOY, IN A CIVILIAN CAPACITY, ANY RELATIVE OF YOURS (EITHER BY BLOOD OR MARRIAGE) WITH WHOM YOU LIVE OR HAVE LIVED WITHIN THE PAST 24 MONTHS? ☐ YES ☒ NO

If so, for each such relative fill in the blanks below. If additional space is necessary, complete under Item 10.

NAME	POST OFFICE ADDRESS (Give street number, if any)	(1) POSITION (2) TEMPORARY OR NOT (3) DEPARTMENT OR AGENCY IN WHICH EMPLOYED	RELATION SHIP	MAR RIED (Check one)	SINGLE
		1. _____ 2. _____ 3. _____		<input type="checkbox"/>	<input type="checkbox"/>
		1. _____ 2. _____ 3. _____		<input type="checkbox"/>	<input type="checkbox"/>
		1. _____ 2. _____ 3. _____		<input type="checkbox"/>	<input type="checkbox"/>

INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN

YES NO

10. SPACE FOR DETAILED ANSWERS TO OTHER QUESTIONS

ITEM
NO

WRITE IN LEFT COLUMN NUMBERS OF ITEMS TO WHICH DETAILED ANSWERS APPLY

5. ARE YOU A CITIZEN OF OR DO YOU OWE ALLEGIANCE TO THE UNITED STATES?

X

6. ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY OR MUNICIPALITY?

If your answer is "Yes", give details in Item 10

X

7. DO YOU RECEIVE ANY ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT OR ANY PENSION OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE?

If your answer is "Yes", give in Item 10 reason for retirement, that is, age, optional disability, or by reason of voluntary or involuntary separation after 5 years' service, amount of retirement pay, and under what retirement act, and rating, if retired from military or naval service

X

8. HAVE YOU EVER BEEN DISCHARGED OR FORCED TO RESIGN, FOR MISCONDUCT OR UNSATISFACTORY SERVICE FROM ANY POSITION?

If your answer is "Yes", give in Item 10 the name and address of employer, date, and reason in each case

X

9. SINCE YOUR NINTH BIRTHDAY HAVE YOU EVER BEEN ARRESTED, INDICTED OR SUMMONED INTO COURT AS A DEFENDANT IN A CRIMINAL PROCEEDING OR CONVICTED, FINED OR IMPRISONED OR PLACED ON PROBATION OR HAVE YOU EVER BEEN ORDERED TO DEPOSIT BAIL OR COLLATERAL FOR THE VIOLATION OF ANY LAW, POLICE REGULATION OR ORDINANCE (EXCLUDING MINOR TRAFFIC VIOLATIONS FOR WHICH A FINE OR FORFEITURE OF \$25 OR LESS WAS IMPOSED)?

If your answer is "Yes", list all such cases under Item 10. Give in each case (1) The date, (2) the nature of the offense or violation, (3) the name and location of the court, (4) the penalty imposed, if any, or other disposition of the case. If appointed, your fingerprints will be taken

X

INSTRUCTIONS TO APPOINTING OFFICER

The appointing officer before whom the foregoing certificate is made shall determine to his own satisfaction that this appointment would be in conformance with the Civil Service Act, applicable Civil Service Rules and Regulations and acts of Congress pertaining to appointment.

This form should be checked for holding of office, pension, suitability in connection with any record of recent discharge or arrest, and particularly for the following:

(1) *Identity of appointee*—The appointee's signature and handwriting are to be compared with the application and/or other pertinent papers. The physical appearance may be checked against the medical certificate. The appointee may also be questioned on his personal history for agreement with his previous statements.

(2) *Age*—If definite age limits have been established for the position, it should be determined that applicant is not outside the age range for appointment. Until such determination is made, the appointment should not be consummated.

(3) *Citizenship*—The appointing officer is responsible for observing the citizenship provisions of (1) the Civil Service Rules and (2) appropriation acts. Form 61 constitutes an affidavit for both purposes and is acceptable proof of citizenship status in the absence of conflicting evidence. In doubtful cases the appointment should not be consummated until clearance has been secured from the certifying office of the Civil Service Commission.

(4) *Members of Family*—Section 9 of the Civil Service Act provides that whenever there are already two or more members of a family serving under probational or permanent appointment in the competitive service, no other member of such family is eligible for probational or permanent appointment in the competitive service. The appointments of persons entitled to veteran preference are not subject to this requirement. The members of family provision does not apply to temporary appointments. Doubtful cases may be referred to the appropriate office of the Civil Service Commission for decision.

APPOINTMENT AFFIDAVITS

INFORMATION FOR APPOINTEE

NOTE.—Before he can be appointed, an applicant for a Federal position must meet certain requirements over and above the requirement that he be able to do the work he is employed to do. On the attached form you are to swear (or affirm) that you meet those requirements. In addition, there are certain restrictions upon your conduct as a Federal employee. They are set forth on this sheet. You should familiarize yourself with these restrictions and be guided by them. *Detach this portion of the form and retain it for your information and guidance.*

I. INFORMATION ABOUT APPOINTMENTS

Persons selected from competitive registers will receive either a temporary or a probational appointment.

For persons receiving a probational appointment, the first year of service is a probationary period unless a shorter period is fixed for the position by the Civil Service Commission. Satisfactory completion of probation is required for absolute appointment.

The completion of probation is required when a person who is reinstated or transferred has not previously completed a probationary period.

Persons receiving probational appointments are included under the Civil Service Retirement Act.

Appointments specifically limited to 1 year or less are usually considered temporary appointments.

For excepted appointments, a trial period may be required at the discretion of the employing agency.

II. MEMBERS-OF-FAMILY RESTRICTION

Except for persons entitled to veteran preference, no person may be probationally appointed to a position in the competitive service if there are two or more members of his family already serving in the competitive service under probational or permanent appointments. A family is defined by the Attorney General as persons who live under the same roof with the head of the family and form part of his fireside. When they branch out and become heads of new establishments, they cease to be part of the old family. Minors do not establish another family merely by living at an address different from that of their parents. An appointment is illegal if the appointee is disqualified by the members-of-family restriction.

III. APPOINTMENTS ARE SUBJECT TO INVESTIGATION

All probational appointments, reappointments, reinstatements, conversions to competitive appointments, inter-agency transfers, and certain temporary appointments are "subject to investigation" for an 18-month period. During this period, the Civil Service Commission has authority to instruct an agency to separate an employee for any of the reasons given below except that the Commission's authority is not limited by the 18-month period in cases described under Items 4, 5, and 8 below. The condition "subject to investigation" expires automatically at the end of 18 months of service unless an appeal on loyalty matters is pending. However, an employing agency may remove an employee for any of the reasons given below at any time.

Any of the following reasons constitutes sufficient cause for the removal of an employee from the service.

1. Conduct or capacity of such a nature that removal will promote the efficiency of the service.
2. Physical or mental unfitness for the position he holds.
3. Criminal, infamous, dishonest, immoral, or notoriously disgraceful conduct.
4. Establishment of the fact that the employee has made intentional false statements or engaged in deception or fraud in examination or appointment.
5. Refusal to furnish testimony to the Civil Service Commission or its authorized representatives in regard to matters inquired of arising under the Civil Service Act, Rules, and Regulations.
6. Habitual use of intoxicating beverages to excess.
7. Reasonable grounds exist for belief that the person involved is disloyal to the Government of the United States (see Section IV).

8. Any legal or other disqualification which makes the applicant unfit for Federal employment.

IV. SUBVERSIVE ACTIVITY AND AFFILIATION

Section 9A of Public Law 252, 76th Congress, approved August 2, 1939, otherwise known as the "Hatch Act," provides:

"(1) It shall be unlawful for any person employed in any capacity by any agency of the Federal Government, whose compensation, or any part thereof, is paid from funds authorized or appropriated by any act of Congress, to have membership in any political party or organization which advocates the overthrow of our constitutional form of government in the United States.

"(2) Any person violating the provisions of this section shall be immediately removed from the position or office held by him, and thereafter no part of the funds appropriated by any act of Congress for such position or office shall be used to pay the compensation of such person."

Executive Order 9835 of March 21, 1947, provides:

"1. The standard for the refusal of employment or the removal from employment in an executive department or agency on grounds relating to loyalty shall be that, on all the evidence, reasonable grounds exist for belief that the person involved is disloyal to the Government of the United States.

"2. Activities and associations of an applicant or employee which may be considered in connection with the determination of disloyalty may include one or more of the following:

- a. Sabotage, espionage, or attempts or preparations therefor, or knowingly associating with spies or saboteurs.
- b. Treason or sedition or advocacy thereof.
- c. Advocacy of revolution or force or violence to alter the constitutional form of government of the United States.
- d. Intentional, unauthorized disclosure to any person, under circumstances which may indicate disloyalty to the United States, of documents or information of a confidential or nonpublic character obtained by the person making the disclosure as a result of his employment by the Government of the United States.
- e. Performing or attempting to perform his duties, or otherwise acting, so as to serve the interests of another government in preference to the interests of the United States.
- f. Membership in, affiliation with or sympathetic association with any foreign or domestic organization, association, movement, group or combination of persons, designated by the Attorney General as totalitarian, Fascist, Communist, or subversive, or as having adopted a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States, or as seeking to alter the form of government of the United States by unconstitutional means."

The appointing officer will make available to you the list of organizations proscribed by the Attorney General upon your request.

Various appropriation acts contain a provision prohibiting the use of appropriated funds to pay the salary or wages of any person who advocates, or who is a member of an organization that advocates, the overthrow of the Government of the United States by force or violence. These acts provide that an affidavit shall be considered prima facie evidence that the person making the affidavit does not advocate, and is not a member of an organization that advocates, the overthrow of the Government of the United States by force or violence. These acts provide further that any person who advocates, or who is a member of an organization that advocates, the overthrow of the Government of the United States by force or violence and accepts

employment the salary or wages for which are paid from any such appropriation shall be guilty of a felony, and, upon conviction, shall be fined not more than \$1,000 or imprisoned for not more than 1 year, or both, and that this penalty shall be in addition to, and not in substitution for, any other provisions of law.

The affidavit referred to above is one of those to which you are required to swear (or affirm) on the attached page.

V. STRIKING AGAINST THE FEDERAL GOVERNMENT

Various appropriation acts provide that no part of the funds appropriated therein shall be used to pay the salary or wages of any person who engages in a strike against the Government of the United States or who is a member of an organization of Government employees that asserts the right to strike against the Government. Such acts provide further that any person who engages in a strike against the Government, or who is a member of an organization of Government employees that asserts the right to strike against the Government, and accepts employment the salary or wages for which are paid from any such appropriation, shall be guilty of a felony and, upon conviction, shall be fined not more than \$1,000 or imprisoned for not more than 1 year, or both, and that this penalty shall be in addition to, and not in substitution for, any other provisions of law.

One of the affidavits on the attached page to which you are required to swear (or affirm) pertains to this provision against striking against the Government.

VI. HOLDING STATE OR LOCAL OFFICE

Federal employees are prohibited from accepting or holding an office or position under State, territorial, county, or municipal governments. There are certain specific exceptions. They are published in Civil Service Commission Form 1236. Before any person appointed to the Federal service accepts or continues to hold any office or position under a State or local government, the matter should be presented to the appropriate authorities of the agency in which he is employed for a decision as to whether he properly may accept or continue to hold such office or position.

VII. POLITICAL ACTIVITY

The terms of the act of August 2, 1939 ("Hatch Act"), as amended, prohibit officers and employees in the executive branch of the Federal Government from using official authority or influence for the purpose of interfering with an election or affecting the result thereof. Further, such officers and employees are prohibited from taking any active part in political management or in political campaigns. These prohibitions apply not only to permanent employees, but also to temporary employees, employees on leave of absence with or without compensation, and substitute employees during the period of active employment. Political activity identified with any political party in any election is prohibited.

Some of the forms of forbidden political activity are:

1. Serving on or for any political committee, party, or other similar organization
2. Soliciting or handling political contributions
3. Serving as officer of a political club, as member or officer of any of its committees, addressing such a club, or being active in organizing it.
4. Serving in connection with preparation for, organizing, or conducting a political meeting or rally, addressing such a meeting, or taking any other active part therein except as a spectator.
5. Engaging in political conferences while on duty, or canvassing a district or soliciting political support for a party, faction, or candidate
6. Manifesting offensive activity at the polls, at primary or regular elections, soliciting votes, assisting voters to mark ballots, or helping to get out the voters on registration or election days.
7. Acting as recorder, checker, watcher, or challenger of any party or faction.
8. Serving in any position of election officer, in which partisanship or partisan political management may be shown
9. Publishing or being connected editorially or managerially with any newspaper generally known as partisan from a political standpoint, or writing for publication or publishing any letter or article, signed or unsigned, in favor of or against any political party or candidate. (Ownership entirely disassociated from editorial control and managerial activities limited entirely to business management would not be regarded as being within this provision.)
10. Becoming a candidate for nomination or election to office, Federal, State, or local, which is to be filled in an election in which party candidates are involved.

11. Distributing campaign literature or material

12. Initiating or circulating political petitions, including nomination petitions

13. Assuming political leadership or becoming prominently identified with any political movement, party, or faction, or with the success or failure of any candidate for election to public office

General statements as to certain activities which are considered as permissible on the part of Federal officers and employees

1. *Voting*—The direct language of the law specifically provides that all such persons retain the right to vote as they may choose

2. *Expression of opinions*—The right to express political opinions is reserved to all such persons

NOTE: This reservation is subject to the prohibition that such persons may not take any active part in political management or in political campaigns

3. *Contributions*—It is lawful for any officer or employee to make a voluntary contribution to a regularly constituted political organization, provided such contributions are not made in a Federal building or to some other officer or employee within the scope of the act referred to above.

4. *Political pictures*—It is lawful for any officer or employee to display a political picture in his home if he so desires.

5. *Badges, buttons, and stickers*—While it is not unlawful for an officer or employee to wear a political badge or button or to display a political sticker on his private automobile (except where forbidden by local ordinance), it is felt that it is inappropriate for any public servant to make a partisan display of any kind while on duty, conducting the public business

6. *Penalties*—Persons appointed to positions in the Executive branch of the Federal Government are warned that the penalty for an established violation of the above-mentioned political activity prohibitions is immediate removal from the service.

VIII. OFFENSES WHICH ARE PUNISHABLE BY FINE OR IMPRISONMENT

Certain other statutes prohibit Federal officers and employees from engaging in various activities under penalty of fine or imprisonment, or both. The activities prohibited by such statutes relate to such matters as political assessments, political coercion and discrimination, and purchase and sale of office. The text of these statutes is set forth in Civil Service Commission Form 1236

Some of the activities prohibited under penalty of fine or imprisonment, or both, are as follows

1. Solicitation or receipt of political contributions by one officer or employee from another.
2. The giving or handing over of a political contribution by one employee to another
3. Solicitation or receipt of political contributions in a Federal building by any person, whether or not an employee of the Government
4. Solicitation or receipt by any person of political contributions from any person receiving any benefit under any act of Congress appropriating funds for relief
5. Solicitation or receipt of anything of value, either for personal reward or as a political contribution, in return for the use of, or the promise to use, influence to secure an appointive office under the United States.
6. Payment, or the offer of payment, for the use of influence in securing an appointive office under the United States
7. Promising employment, compensation, or other benefit made possible by act of Congress as consideration or reward for political activity.
8. Discrimination by an officer or employee in favor of, or against, another officer or employee on account of political contributions.
9. Depriving any person on account of race, creed, or color, or political activity, of compensation or other benefit made possible by any act of Congress appropriating funds for relief.
10. Disclosure for political purposes of any list or names of persons receiving benefits under an act of Congress appropriating funds for relief and the receipt of such a list for political purposes.

IX. PROHIBITION AGAINST DISCRIMINATION

Appointing officers are required by the Civil Service Rules to act on all personnel matters "solely on the basis of merit and fitness and without regard to political or religious affiliations, marital status, or race."

X. INSTRUCTION OF APPLICANTS

Officers and employees of the Government are prohibited from instructing or teaching with a view to the special preparation of any person for civil-service examinations

(Field Office or Division)

Chicago

(Date)

11-27-62

Director
Federal Bureau of Investigation
United States Department of Justice
Washington, D. C.

Dear Sir:

In continuing my employment in the Federal Bureau of Investigation, United States Department of Justice, I hereby agree that I will be governed by the following provisions.

1. That the strictly confidential character of any and all information secured by me or coming to my attention in connection, directly or indirectly, with my work as an employee of this Bureau, or the work of other employees of which I may become cognizant, is fully understood by me; and that neither during my tenure of service with the Federal Bureau of Investigation, nor at any time, will I violate this confidence nor will I divulge any information of any kind or character whatsoever that may become known to me to persons not officially entitled thereto, recognizing applicability to me of penalty provisions in case of any violation by me.
2. That information referred to in Item 1 above includes but is by no means limited to information in the interests of the defense of the United States marked "Top Secret," "Secret," or "Confidential," and that Department of Justice regulations provide specifically for penalty applicable to me for any violation of Executive Order 10501, the basic authority for safeguarding such information, as follows "Any officer or employee who violates any provision of Executive Order No. 10501, as amended, or of these regulations shall be subject to appropriate disciplinary action. Prompt and stringent administrative action shall be taken against any officer or employee determined to have been knowingly responsible for any release or disclosure of classified defense information or material except in the manner authorized by these regulations. Whenever a violation of criminal statutes may be involved in a deliberate unauthorized release or disclosure of classified defense information, criminal prosecution, in an appropriate case, shall also be instituted."

I further certify that the conditions specified herein are agreeable to me, and that I continue as an employee of the Federal Bureau of Investigation with a full knowledge of the conditions above set forth.

Very truly yours,

William F. Roemer, Jr. Sp. A.
(Signature and Title of Position)

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3/11

EMPLOYMENT AGREEMENT

As consideration for employment in the Federal Bureau of Investigation (FBI), United States Department of Justice, and as a condition for continued employment, I hereby declare that I intend to be governed by and I will comply with the following provisions:

(1) That I am hereby advised and I understand that Federal law such as Title 18, United States Code, Sections 793, 794, and 798; Order of the President of the United States (Executive Order 11652); and regulations issued by the Attorney General of the United States (28 Code of Federal Regulations, Sections 16.21 through 16.26) prohibit loss, misuse, or unauthorized disclosure or production of national security information, other classified information and other nonclassified information in the files of the FBI;

(2) I understand that unauthorized disclosure of information in the files of the FBI or information I may acquire as an employee of the FBI could result in impairment of national security, place human life in jeopardy, or result in the denial of due process to a person or persons who are subjects of an FBI investigation, or prevent the FBI from effectively discharging its responsibilities. I understand the need for this secrecy agreement, therefore, as consideration for employment I agree that I will never divulge, publish, or reveal either by word or conduct, or by other means disclose to any unauthorized recipient without official written authorization by the Director of the FBI or his delegate, any information from the investigatory files of the FBI or any information relating to material contained in the files, or disclose any information or produce any material acquired as a part of the performance of my official duties or because of my official status. The burden is on me to determine, prior to disclosure, whether information may be disclosed and in this regard I agree to request approval of the Director of the FBI in each such instance by presenting the full text of my proposed disclosure in writing to the Director of the FBI at least thirty (30) days prior to disclosure. I understand that this agreement is not intended to apply to information which has been placed in the public domain or to prevent me from writing or speaking about the FBI but it is intended to prevent disclosure of information where disclosure would be contrary to law, regulation or public policy. I agree the Director of the FBI is in a better position than I to make that determination;

(3) I agree that all information acquired by me in connection with my official duties with the FBI and all official material to which I have access remains the property of the United States of America, and I will surrender upon demand by the Director of the FBI or his delegate, or upon separation from the FBI, any material relating to such information or property in my possession;

(4) That I understand unauthorized disclosure may be a violation of Federal law and prosecuted as a criminal offense and in addition to this agreement may be enforced by means of an injunction or other civil remedy.

I accept the above provisions as conditions for my employment and continued employment in the FBI. I agree to comply with these provisions both during my employment in the FBI and following termination of such employment.

3 OCT 5 1973

Witnessed and accepted in behalf of the Director, FBI on

September 7, 1973, by

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William F. Roemer, Jr.
(Signature)

[Redacted Signature Box]

b6

SSP
CLASS _____
SRC'D _____
SER _____
REC _____

0
William F Roemer

December 20, 1989

Dear [redacted]

You may remember that I am an ex-agent who had my manuscript for "Roemer: Man Against the Mob" approved before submitting it to publishers in May, 1988.

b6

While in NYC recently I stopped for a drink at the Oyster Bar in the Plaza Hotel. I struck up a conversation with an attractive young lady (young by my standards) who wants to be remembered to you. Her business card is attached.

My book is doing very well. It recently was #4 on the Chicago Tribune best seller list, based on actual sales in the Chicago area (where it is focused). The first printing was 20,000 and it is now in its third printing. It has been reviewed favorably by some thirty major newspapers and magazines including Newsweek, People Magazine, the NY Times, the Chicago Tribune, the Chicago Sun Times, the Los Angeles Times, the San Diego Tribune, the Boston Herald, Publisher's Weekly, the Washington Times, the Las Vegas Review-Journal, the NY Post and others. I have appeared on some 30 talk shows and news programs including the Larry King Show, Larry King Live, Geraldo, the ABC and CBS affiliates in Chicago, CNN, Hard Copy, PM Magazine and even Australia's 60 Minutes. It has been sold to paperback (Prima won over Fawcett in the auction) and my agent in Hollywood thinks we have a deal for an option to Universal for a TV series, altho that is not yet finalized.

Thank you for your consideration. I look forward to meeting you. ...
my best to Buck and John Otto. Keep up the good work,
and my best to you and all there for a joyous holiday!

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SEARCHED _____
SERIALIZED _____
INDEXED _____
FILED _____
DEC 22 1989
FBI - NEW YORK

Fraternally,

[redacted]

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FOIPA
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